STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town there death occurred How long in U.S. if of foreign birth? (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Month) BINDING 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That 1 attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above. 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. RGIN RESERVED SAWYER, BOOKKEEPER, etc. ... may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) spent in this that (State or country) FATHER 14. BIRTHPLACE (city or town plain (State or country) efully Whet test confirmed diagnosis MOTHER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_ OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did Injury occur?.. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL CREMATION, OR REM Manner of injur CAUSE MOIL Neture of injury 24. Was diseese or injury in any way related to occupation If so, specify 20. FILED Registrar If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related confirmed importance were as follows:	E D 1015	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis RECEIV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	. 1 week ago
Cerebral hemorrhage AUG 6 190	July 5, 1927	Peritonitis	3 days ago
I B WEAU V	. S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2	B_WRITE PL	V.T	WITE	TINE	ADIN	E C	T NY	HIG	TG A PF	PMANENT	N B_WRITE PI IV WITH HINFADING INK THIS IS A DERMANENT RE RD Every if on of infor-	om of infor-	
•	THE PARTY OF THE P					3 5	7	711		THU Y A	DIENOR LANG	111 11 11	
	mation should by	e car	erully	supplie	A .Da	215	should	pe	Stated	AACIL	mation should be carefully supplied. AGE should be stated EAACLLY. PRISICIAMS should state	nould state	
(CAUSE OF DE	TH	in plan	in term	8. So t	hat	it may	pe	properly	classified.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	OCCUPA-	
T	TION is very important. See instructions on back of certificate.	port	ant.	See inst	ruction	us o	n back	Jo.	certificate			1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.50
County Micomico	Registration Dist. No. 332
Village or City near Pittsille, md . (ore	tsinole) St., Ward
Length of residence in city or town where death occurredyrs. 2mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. is of foreign birth?
	2 U.S. Veteran specify War. No.
10 M. J. F. D. 11	Ct. Ward
(a) Residence: No fellowington (Sellowington)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Write widows	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY, That attended deceased from
(or) WIFE of Unknown	July 27, 1935-10, July 27, 1993-
6. DATE OF BIRTH (month, day, and year) Left 7 7 1856	light saw how alive on July 27 1, 1931; death is said
7. AGE Years Month Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
10 10 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Alacas Assaurer, SAWYER, BOOKKEEPER, etc.	Bus sold
9. Industry or business in which	Primary Course: Chronic any occordation Carey
work was done, as SILK MILL, SAW MILL, BANK, etc.	Aurotion: Not stated
10. Date deceased last worked at this occupation (month and year)	
P 1 C - 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) . Oscala	
13. NAME LIEBERGE 14. BIRTHPLACE (city or town) Lieberge 1.	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME LANGUE .	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT . C. Lauren Russeghan .	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 916 Claylon St 716	K*************************************
Place Revenues Com Date July 31 21	Nature of injury
str 10 - ant co	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER AND CONTROL OF THE CO	If so, specify
20, FILED July 27, 1935. Fillian R. Davis) (Signed) M. D.
20, FILED Registrar.	(Address) Allsbow
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepty 'S 'A INTERNE Arterioselerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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1. PLACE OF DEATH	CERTIFICATE OF BEATT (1800)
county les & ruiso.	Pagintration Diet No. 333
county and out	Registration Dist. No.
Village or City Sales Juny Mc	No. 1 20 Start Classes Many
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number)mosos
2. FULL NAME John R. Boymon	· · · · · · · · · · · · · · · · · · ·
(a) Residence: No. Monie Mai	yland. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the woo	rd) 193 S
maried maried	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Effice 6. Boyman	22. I HEREBY CERTIFY, That I ettended deceased from
of the winds	July / 1935, 10 July 1935
6. DATE OF BIRTH (month, day, and year) March 21. 1868	I last saw h elive on, 19; death is said
7. AGE Years Months Deys If LESS t	han to heve occurred on the date stated above, atm.
70 3 10 1day,	and the state of t
R Trade profession or particular	n. were as follows: Tractified officers course by being Questions
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWWILL, BANK, etc. 10. Date deceased last worked et this occupation (month ends	stuck by an torrobile
Industry or business In which	outer in an outervice
Thindustry or business In which work wes done, es SILK MILL M. State Roads Joan SAW MILL, BANK, etc.	we want to the same of the sam
0. Date deceased last worked et 11, Total time (yeers)	
this occupation (month end year) spant in this occupation	Mrs.
1 transie ml.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or t(vin) (State or country)	miliage
14. BIRTHPLACE (city or town) monie md.	
4 14. BIRTHPLACE (city or town) / World / will.	Name of operation Date of
(State or country) foruset country	What test confirmed diagnosis? Claimed Wes there an aulopsy? 2
16. BIRTHPLACE (city or town) General Med.	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) lainsfuled Mid.	Accident, suicide, or homicide? Accededid Date of injury July 1, 1935
(State or country) Sombles County.	Where did injury occur Die Ocean City Rol. Wh comes & huy
Daily Bourse	(Specify city/or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (0. Work Free	Trucke State
(Address) // Control / Con	- 8 - 11/1
Blood Cerrols gr. Owa M. Ously ?	
Trace	Nature of injury Prictured Shulle
19. UNDERTAKER J. B. Mefyland	24. Was disease or injury in any way related to occupation of deceased?
(Address) Deal Island Mil	If so, specify
20 51150 Ville 3,035 - Vr. May his	
20. FILED Cuy 19 Regist	I have 710 d
If more blanks are needed, address State Re	gistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

000001

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 196 8 195	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Him and	ADDITIONAL SPACE FOR FU	RTHER STATEMENTS BY	PHYSICIAN Pud
0 - 5 - 64 - 44		3	y the same of the

should be stated EXACTLY. P.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

	F DEATH			92-0
CountyW	icomico			Registration Dist. No. 333
Village or C	ity Sharpto	own,		No. St., St., death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rac	dence in city or town whe	ero dooth accurred		death occurred in a horpital or institution, give its NAME instead of street and number)ds. How iong in U.S. if of foreign blrth?yrsmos
	Fannie	M.Bradl	ey	
2. FULL NA	ME			If U.S. Veteran epecify WAR
(a) Residen	ce: No.	(Usual piace	e of abode)	St., Ward. If nonresident give city or town and State
	IAL AND STATIS	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. COLOR OR RACE	5. SINGLE, MA OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH July 20, 1935, 193 (Month) (Day) (Ye
5a. If married, widow HUSBAND of	red, or divorced			
(or) WIFE of	John W.Bi	radiey		22. HEREBY CERTIFY. The lattended deceses
A DATE OF BIRTH	(Ab. 4Ab. 4	Feb 2I	T874	Mast sew h 121 alive on Sal 19 135; death
7. AGE Yea	(month, day, and year)	Feb 21	if LESS than	to have occurred on the date stated above, at 189 m.
61	4	29	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trada nunta			ormin.	were as follows: Date: Wellas Series Date:
kind of y	ssion, or perticular work done, es SPINNER, BODKKEEPER, etc	Housew11	е	11 Thyrcardiles
9 Industry or	business in which			
	s done, as SILK MILL, L, BANK, etc	1		
4 (1113 0000	ed last worked at pation (month end	11. Total	time (years) ent in this	
year)	Mai	ryland	rupation	Other Contributory Causes of importance:
12. BIRTHPLACE (ci	ty or town)	Jiana		
(State or cou	lbert B.Ti	ruitt		
13. NAME 14. BIRTHPLACE		yland		
14. BIRTHPLACE	(city or town)			Name of operation Date of
		Db 4774-		What test confirmed diegnosis? Was there an autopsy?
	ME Hester F	- Au	18	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE	(city or town) De	Tawaro		Accident, suicide, or homicide? Date of injury, 15 Where did injury occur?
	ohn W.Brad	llev		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. informant (Address)	Sharptov			Specify whether injury occurred in INDUSTRY, in HDME, or in Public Place.
18. BURIAL, CREMAT			00 TO0	E Manner of injury
Place	arptown, A	d. Jul	y 23, 193	Nature of Injury
	W.D.Graver		,	24. Was disease or injury in any way related to occupation of deceased? Zuc
19. UNDERTAKER (Address)	Sharptov	vn-, Md.		if so, specify
	h	ry 6.71	20	(Signed) TYD Kighling

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	Example I	1	Example II	1
The principal cause of importance were a Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nep	loitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 7 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:	7	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

STATE C	OF MARYLAND-	-CERTIFICATE OF DEATH	510(29)
1. PLACE OF DEATH		98:0	() ()
County Dicouries	•	Registration Dist. No. 33.	/
Village or City Bear	Yelru- m.	No 1 mile) st.,	Ward
Length of residence in city or town where	11	If death occurred in a hospital or institution, give its NAME instead of street and mess. How long in U.S. if of foreign birth?	
2. FULL NAME 1 ius	Brickline	40	
(a) Residence: No. Belle	Heren 7/1.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE Whereof	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agric that word)	21. DATE OF DEATH ZO K	, 193 5 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	rick levese	22. I HEREBY CERTIFY That ettended	deceased from
1877	0 - 0	July 1611 19 31, 10 July 18	193
6. DATE OF BIRTH (month, day, and year)	pot Quour	I last saw h_ W aliva on July 180 1193	death is said
7. AGE Years Months	Days If LESS than 1 day, brs	to heve occurred on the dete stated above, it _ 9.40 A.m. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8. Trade, profession, or particular	ormin.	wera as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lowrework	Gerelral Heunelians	
9. Industry or business in which	na Lhane	alberio sclerosis)	
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Cleasure By reachis	
12. BIRTHPLACE (city or town) 70000	camples Co.	Other Contributory Causes of importance:	
	ath,		
13. NAME Of W 80	thanisto Co.	Name of operation	
(State of country)	7) 101	What test confirmed diagnosis? Was thera an a	utopsy?
15. MAIDEN NAME ZINKU	own	23. If deeth was due to external causes (VIOLENCE) fill In also the following	:
16. BIRTHPLACE (city ar town) 7707	thampton Count	Accident, suicida, or homicida? Date of injury	, 19
(State or country)	12/201/	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT YOU YOU	hm M. Amckhanse	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Wardsown Va.	Dete 7/23/35 19	Manner of injury	
19. UNDERTAKER MOS Mes. (Address)	ycho Joyo	24. Wes disease or Injury In eny way releted to occupation of decaased?	1
			//

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Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis Chronic interstitial nephritis Cerebral hemorrhage	1915 1921 France, 1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	1 week ago 1 week ago 3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	HER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth? PHYSI (a) Residence: No (Usual place of abode) If nont sident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWEDO OWORCED (write the w (Month (Oay) (Year) 5a. tf married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) proper 7. AGE Months Deys If LESS than to have occurred on the date stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPtNNER, SAWYER, BOOKKEEPER, etc.___ NO may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ OCCU 10. Oate deceased last worked at this occupation (month and 11. Totat time (yeers) spant in this occupation __ Other Contributory Causes of importance (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation_ plain (Stete or country) What test confirmed diagnosis? carefully Wes there en autopsy? important. 15. MAIOEN NAME HE E death has due to external ceuses (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?.. OF DEATH 16, BtRTHPLACE (city or town) (State or country) Where did injury occur?_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANI (Address) 18. BURIAL BREMA Manner of injury CAUSE WRIT Meture of injury TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) if so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

RGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	119	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1		1	

STATE OF MARYLAND	CONTINUE OF DEATH	9065
1. PLACE OF DEATH . Dr. Note	(2)	
County Michaels	Registration Dist. No.	333
Village or City Salarian Md.	No P.G. Horsated of	3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and a	
Langth of residence in city or lown where deeth occurredmos	ds. How long in U.S. if of foreign birth?yrsmo	osds.
2. FULL NAME Charles B. Collynn	11.1 21	
(a) Residence: No. Olean C. Road. (busi place of abode)	St., 5 Ward Salesbury M If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.3EX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH July 1 st	, 193 5
5a. If merried, widowed, or divorced	(Month) (Dey)	(Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet i ettanded	deceasad from
1616	4 4 , 19 D, to 7/1	1847
6. DATE OF BIRTH (month, day, end year) \ . 24. /9/9	i lest sew h alive on	; death Is said
7. AGE Yaers Month Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at 3-1m.	
16 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Oate of onset
8. Trada, profassion, or perticular kind of work done, es SPINNER, School fragment SAWYER, BOOKKEEPER, etc.	Jengama affrenchi	10de
SAWYER, BOOKKEEPER, etc.		
9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked et this occupation month, and year) occupation.		-
March 14	Other Contributory Causes of impostance:	
12. BIRTHPLACE (city or toyn)	Grand finitudes	Xware
(Stata or country)		
13. NAME / Sace /V. Collins 14. BIRTHPLACE (city or town) Powellinelle		
4 14. BIRTHPLACE (city or town)	Neme of operation with the Data of	6-114/35
(State of county)	What tast confirmed diagnosis? Wes there an a	autopsy?
15. MAIDEN NAME CONTROL & War . 16. BIRTHPLACE (cit or town)	23. If death was due to external causes (VIOL ENCE) fill in also tha following	g:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury	<u></u>
(State or country)	Where did injury occur? (Specify city or town, county and Stat	10)
17. INFORMANT Race V. Colling lity (Address) Olean City Road Salesty Mile	Spacify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place 1 Johns am pate July 3. 1936	Nature of injury	
19. UNDERTAKER 15 1 Holloway +	24. Was disease or injury in any wey raiated to occupation of decaasad?	w
(Address) Jakoby Md	if so, spacify	
July 3 35 - Kr may 1 1	(Signed) Millsur	
20. FILED JULY 1955 Registrar.	(Address) Julian Co	4
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A. 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

should be

mation should be carefully supplied.

-WRITE

N. B.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	,
1		927	
	County Willowife	Registration Dist. No. 22	
	Village or City Justice	No. St., death occurred in a hospital or institution, give its NAME instead of street and numbe	W
	Length of residence in city of town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	r)
2	FULL NAME Jane Genway		
	7	0, 14, 1	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 9	a salidad, middle,	21. DATE OF DEATH A	
7	OR DIVORCED (registe the word)	193	0
5a.	If married, widowed, or divorced	(Month) (Day) (Year
	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That attended decease	sed i
	Survey Comment	1900, 16 July 2, 1	9_5
	DATE OF BIRTH (month, day, and year) / Zmay 15 /8 64	I last saw h M alive on July 2 , 1935; deal	th is
7. A	AGE Years Months Days If LESS then I day,	to have occurred on the dete stated ebove, atm.	
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	of o
N	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
ATION	SAWYER, BOOKKEEPER, etc.	Syculo Steast Disease: 14	"He
CCUPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	mittal vaborlas heart disease. Curg	
	10. Date deceased last worked at		
	this occupation (month end / 132 spent in this occupation a		
12	BIRTHPLACE (city or town) Tusaskus	Other Centributery Causes of Importance:	
	(State or country)		
ER	13. NAME Of endamen Wilson		
H	14. BIRTHPLACE (city or toys) June Russ	Name of operation Date of	
FA	(State or country)	What test confirmed diagnosis? Was there an autops:	
ER	15. MAIDEN NAME		ff
THE.	10 DIRYUDI 405 4 14	23. If death was due to external causes (VIOLENCE) fill in also the following:	
Z	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, Where did Injury occur?,	19
	A char Daise	(Specify city or town, county and State)	
17.	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Place Lysspen & Lypate Milly 1930	Nature of Injury	
	Marile G. M. Golfall	Was disease or injury In any way related to occupation of deceased? No	
19.	UNDERTAKER (Address)	If so, specify	
	a last the state of the state o	(Signed) a D. Browne	
	FILED Culty 1933 Proochord Walle		

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Example I		Example II		
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	35 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	V , July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08067
1. PLACE OF DEATH	940
County Mionico	Registration Dist. No. 333
Village or City Salisburg	No. Rievrais Courty Caustlewst, 5 Ward
Langth of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Stavid Dallas	
(a) Residence: No. Canden and Ellerder	St., 13 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Monthy (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of Cor) WIFE of Jaces F. Sallas	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Acr). 4. 1879.	Most saw h aliva on Sulf 11 19 34 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 45 Am.
55 7 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	My ocarditis Desting
kind of work done, as SPINNER, Leaples Caust judges	
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINER, Feagles and Judges SAWYER, BOOKKEEPER, etc. Judges Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) Occupation Occupation Occupation Occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) len ney la req	region freues
13. NAME Slavid Raldas.	
13. NAME Aland Rallan.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Lus
15. MAIDEN NAME May Magle 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
17. INFORMANT THEY RES AS Agallas.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salia lung, M. A. 18. BURIAL, CREMATION, OR REMOVAL, J. A.	
Place Less Xuyul Hell Centrate 7/13/35, 19	Nature of injury
19. UNDERTAKER IL Dell & Gilla C.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Jahahay Jag.	If so, specify
20. FILED July 13, 19 33- &. May Jumes	(Signed) And the M.D.
Registrar.	(Address) ff Denoting land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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					The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis				1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	NUG 6	1935		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU		Jul	5,1927	Perilonitis	3 days ago	
<u> </u>	OU KIJA	J V. 8					
Other contributory causes	of importance	e:			Other contributory causes of importance:		
Gallstones		Ma	y 1,1923	Gastroenteritis	1 year		
			-				

1. PLACE OF DEATH

County Willowille

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nonhritis AUG 6 1995	1921	Run over by street car	1 week ago		
Cerebral hemorrhage RUREAU V. S	July 5,1927	Peritonilis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH .	51-c
/	County uccomico	Registration Dist. No. 332
1	Village or City Willards Md.	death occurred in a horpital or institution, give its NAME instead of street and number)
		da. How long in U. S. if of foreign birth?
	2. FULL NAME William 1. We	nnis
	(a) Residence: No. Willards, R. F. D. Jouts	Lst.) Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State . MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male, white OR DIVORCED (swrite the word)	July 3 1935
	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND OF Laura Smith Drains	22. I HEREBY CERTIFY. That I attended deceased from
	F 18 1910	halen 1 25
cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 130 m.
certificate.	66 1 30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
	8. Trade profession or particular	Oate of enset
Jo :	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	alders Carcinsma : august 19:
back	9. Industry or business in which work was done, as SILK MILL, Farmer SAW MILL, BANK, etc	I prostate gland with
on !	10. ID. Date deceased last worked at 11. Total time (years)? - 1	Afficiastasts is spine
	this occupation (month and 1934 spent in this occupation	
instructions	12. BIRTHPLACE (city or town) - Wallards - MA	Dther Coutributory Causes of importance: ,
nstr		
See i	13. NAME ROMA Dennis 14. BIRTHPLACE (city or town). Walonica Co.	Name of operation Date of
S	(State of country)	What test confirmed diagnosis? Chrucal Was there an aulopsy?
int.	15. MAIDEN NAME Margaret Beleeve	23. If death was due to external causes (VIDLENCE) fill In also the following:
important	[16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
mp	(State or country)	Whare did injury occur? (Specify city or town, county and State)
very i	17. INFORMANT Of Olympia Olymp	Specily whether injury occurred In INOÚSTRY, In HOME, or In PUBLIC PLACE.
is v	18. BURIAL, CREMATION, OR REGIDVAL	Manner of injury
	Place	Nature of injury.
TION	19. UNDERTAKER / VIA	24. Was disease or injury in any way related to occupation of deceased?
I)	20. FILED July 3, 1935 Lillian R. Davis	(Signad) Thursey A Thomas M. D. (Address) M. D.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset of importance were as follows:				Example II	
			Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	4110 0	1095	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	710 0	3170	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	Y. S	July 5,1927	Peritonitis	3 days ago
l _s			1		
Other contributory causes	s of importance	*		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year	



should state

of OCCUPA-

08071

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	201-20
County Wicomics	Registration Dist. No. 333
Village Dr City Salsabury	Remaila Deneral forpetal Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Stanford Attibu	
(a) Residence: No. Sumition Ind.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wpic the word)	21. DATE OF DEATH
M. Cali Sungle	(Mog)h) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	220 .1 HEREBY CERTIEN That Lattended deceased from
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
1 nor or mark () 1 n 2	Most care by alive on One of 12 10 3 Control of
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7 / 4 2 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
00/ 1 / 1 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPPR, etc.	Current pelios Truphones Jul 173
SAWYER, BDDKKEEPER, etc	mande.
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and subjuty 35 spent in this year) spent in this occupation from	
12. BIRTHPLACE (city or town) I wastred	Dther Contributory Causes of importance:
(State or country) Ind.	() This did
13. NAME James Dilo	0
14. BIRTHPLACE (city or town) Descention	Name of operation July - Julin Cyclothy Date of 711:7/35
(State or country)	What test confirmed diagnosis? Church It X Con Was there an autopsy? 22
15. MAIDEN NAME LA COSCIONE	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME A Cashidal 16. BIRTHPLACE (city or town) Analysis	Accident, suicide, or homicide ascillul Date of Injury 12 9 1935
O 16. BIRTHPLACE (city or town) Character (State or country)	Where did injury occur? on grant full
fl 9) 'V.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Adaption and	Specify Mieties injuly occurred the industry, in nome, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Fills by first laved in I courses leven
Place Insulier Md. Date 7/18 ,1835	Nature of injury of robinal believes of replaced bladde.
Malmanistel.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER / 100 Solution (Address) Birole Md.	If so, specify D. Grier Grand when accident occupation
of the state of th	II ov, specific

V. S. No. 1

ż

Registrar. (Address) If more blanks are noeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

May In

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	4-917	Example II	
The principal cause of death and related causes of importance were as follows - IVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	, 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 0 4 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1.5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 08071
1. PLACE OF DEATH Dr. 12a	mes and
County Micomico	Registration Dist. No. 333
Village or City Saleseny ml.	No. 101. Center St., 13 Ward
1 4 4	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME William : H. Llike	Total file of the state of the
(a) Residence: No. / O/ laenter	St., 13 Ward. Salishy Ind.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIOOWED.	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaer)
5a. If merried, widowad, or divorced HUSBANO of (or) WIFE of flavia. F. Wijion	22. HEREBY CERTIFY, Pat I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 25. 1866	I last saw n alive on 3, 19 3; death is sald
7. AGE Years Months Days If LESS than	to have occurrad on the date statad abova, atm,
68 9 /9 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware es follows:
Trade, profassion, or particuler kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc.	throw Valmen Hint
9. Industry or business in which work was done, as SILK MILL	4
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Oate dacaasad lest worked et this occupation (month and the same in this occupation (month and the same in th	frame
this occupation (nonth and year) weary further first occupation (occupation occupation occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city of town) Mary Salesbury (State or country)	Mis Hum
13. NAME Vm Charles Difor	
13. NAME / Charles Lifor 14. BIRTHPLACE (city or town) Mean Salisbury	Name of operation
(Stata of country)	What tast confirmad diagnosis? Was there an eulopsy?
15. MAIDEN NAME Sallie Twilley	23. If death wes due to externel ceuses (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Salle Twilly 16. BIRTHPLACE (city or town) Zear Salistry (State or country)	Accidant, suicida, or homicide? Date of Injury, 19
(State or country) 2nd,	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT PM. OCCANIA F. Deyon. (Addrass) 10/ Separtin St. Salisbury M.d.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place anson leton Oate filey /6 1935	Neture of Injury
19. UNDERTAKER Holloway of lo	24. Was disaase or injury in any way releted to occupation of deceased?
16 25 - 11 72 0	(Signad) M.D. M.D.
20. FILEO 19 19 Registrar.	(Addrass) These my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritiAUG 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. BWRITE PLANCY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
N. B.—WRITE PLAINLY, WI	mation should be careful	CAUSE OF DEATH in p	TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	210-0)		
County Wicomico- Peninsula genera	1 Applas Registration Dist. No. 333		
Village or City Salisbury Od	No. St., 13 Ward		
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME (artin, Or Dorea	If U.S. Veteran specify WAR		
(a) Residence: No. Saxis Island -	St, Ward. La.		
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
Chale White OR DIVORCED (write the word)	July 30/5, 193 5 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 7-29 1935 to 7-30 1935		
6. DATE OF BIRTH (month, day, and year) Lunknown 1897	I last saw human alive on 7-30 19-35; death is said		
7. AGE also Year Months Days If LESS than	to have occurred on the date stated above, at12.3ef.m.		
3 8. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trede, profession, or perticular kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc.	Trachined for + more sensales of		
	Long toblest (auto accident.) Sudile		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupetion (month and 7/2 4/3) 11. Total time (years) spent in this			
year) occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)	Shock & pulinmany lumbale		
(State or country)	, sa,		
13. NAME Desse Chartin 14. BIRTHPLACE (city or town) Saxisp Island.			
14. BIRTHPLACE (city or town) Day 1 9 Foland. (State or country)	What test confirmed diagnosis? Clanes sid Was there an autopsy? - O		
# 15. MAIDEN NAME Burnetta Linton	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Burnetta Linton 16. BIRTHPLACE (city or town) Sax is Island.	Accident, suicide, or homicide recident Date of injury July 29, 19-35		
(State or country)	Where did injury occur? are State Road new Vignin Phin		
17. INFORMANT P. G. Hospital (Address) Subiha 244	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) Julian Will 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Specialing anti leach lass want		
OPlace Crayer Family Englisherly 3, 1939	Nature of Injury Fatature / any turne + constant body		
19. UNDERTAKER D. Johnson	24. Was disease or injury in eny way related to occupation of deceased?		
(Address) Tarils ley - Da	If so, specify Michael Day		
20. FILED LULY 30, 19 30 De May Summer Registrar.	(Signed) Alfandin M. D. (Address) Substance Made M. D.		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: VED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis a 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH,	210 ax
County Willman	Registration Dist. No. 337
Village or City Tyaskin off	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
7(4 1// 4 1//	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Johnson	U
(a) Residence: No	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaased from
1 1. 0 1015	, 19, tσ, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Pays Miss than	I last saw h; death is said
7. AGE Yaars Months Bays LESS than 1 day,hrs.	to have occurred on the date stated above, at
min.	were at follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Gudden death
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	
9 Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	accidental - Itan
SAW MILL, BANK, etc	over by truck -
7 6 1	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) (State or country)	
1 11 11 11	
13. NAME NOWY TOOK	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME James Colorman	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jaguaren	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT A MESSEL SU O TIMES	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Juan Ring Ma	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piaca Data 1907	Nature of injury
19. UNDERTAKER CARL LEGIT ASSIGN & Series (Addiess) Biraline Ma	24. Was disaase or injury in any way related to occupation of dagaased
20. FILED lug 2 1935 1. And for I Wall	-(Signed) MA
20. FILED LUG 2, 193) . Aralford Registrar.	(Addrass)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	-33		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ä ż should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-000
county Wicomio	Registration Dist. No. 333
Village or City & aliabury mod	No. Perv. Jun. 71 oppole St., 3 Ward death occurred in a horpital or institution Lave its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME marion Dyd	en
(a) Residence: No. Marrow (Ms. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The	21. DATE OF DEATH (Maphith) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, dey, end yeer) Gugast 30 1920	I lest sew h. 12 elive on July 17 1935; deeth is said
7. AGE Yeers Months Oeys If LESS than 1 dey,hrs.	to have occurred on the date steted ebove, et
8 Trade profession or particular	were es follows: Compound Fractural Oate of onset
No lede, profession of particles, wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Deta deceased lest worked et this occupation of month and special to this securation from the second in this company and second in this security of the second in this sec	Mull 7-19-33
10. Dete deceased lest worked et this occupation this yeer) the second less worked et spant in this yeer corrections.	
12. BIRTHPLACE (city or town) Primiles and md (Stete or country)	Other Contributory Causes of Importance:
13. NAME Marion Llyden 14. BIRTHPLACE (city or town) Promotel md	
4. BIRTHPLACE (city or town) Promothe md (State or country)	Neme of operation Dete of Whet test confirmed diegnosis? Plumel Was there en eutopsy? Was
15. MAIOEN NAME Clivia Reader	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Clivia TChally 16. BIRTHPLACE (city or town) Pownske Md (Stete or country)	Accident, suicide, or homicide? Quester Date of injury 7 1935
17. INFORMANT M M MASS Degrady (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ON Dete July 21., 1935	Menner of injury Control Ladred Obel
19. UNOERTAKER John a Bradalow (Address) Crispield and	24. Was disease or injury In any wey releted to occupation of deceased?
20. FILEO July 19, 19. 35 & May Jumer. Registrar.	(Signed) La Radenter M. O. (Address) 112 Main 24
	2411 N. Charles Street, Baltimore, Requesting 45. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitiql nephritis	1921	Run over by street car	1 week ago	
Chronic interstitiql nephritis. Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

		Registration Dist. No. 337
	11	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsds.
2	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	EX 4. COLOR OR RACE OR DIVORCED (write the word) Markied, widowad, or divorced	21. DATE OF DEATH July 2/ 193 5- (Mogyh) (Day) (Year)
Ja.	HUSBAND of (or) WIFE of Achabad Evans	22. I HEREBY CERTIFY That I attended deceased from
6. E	DATE OF BIRTH (month, day, and year) July 24, 1870 GE Years Months Days If LESS than	I last saw h . 2 alive on July 1944 , 1976; death is said
	64 11 27 I day,hrs.	to have occurred on the date stated above, at/m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOL	8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. House U. Le	Chronic noblectic
OCCUPATION	9.4 Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc	Chionic Try orandilie
00	10. Date deceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) Maryland (State or country)	Othar Contributory Causes of importance:
TER	13. NAME John Horsman	
FATHER	14. BIRTHPLACE (city or town) Maryland (Stata or country)	Name of operation Date of What tast confirmed diagnosis? Wes there an aulopsy?
MOTHER	15. MAIDEN NAME Jane Brown	23. If daath was due to extarnal causes (VIOLENCE) fill in also tha following:
2	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17.	INFORMANT Missie & trambrill (Addrass) Miraela R. D. Maryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Piace OK & Buriel Should July 24, 19 3	Manner of injury
19.	UNDERTAKER WO D Grounge + Bro.	24. Was disease or injury In any way ralated to occupation of daceasad?
	(Addiess) Sharplown Mary met	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER ST	ATEMENTS B	Y PHYSICIAN
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SIAIE	OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	BA./las	119
County///lone	A	Registration Dist. No. 333
Village Dr City Salas	my ma.	No. 11710 # 1, St., & W f death, occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residance in city or town whe	daath occurradyrs	sds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: Np. R. Fi D.	HI. (Usual place of abode)	St., 8 Ward Salishey M If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SER 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Year (Year (Day))
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. I HEREBY CERTIFY, That I attended dacassed
DITT OF DIDTH (act. 2. 1933	I last saw h. C. alive on 1935 death is
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at \$25 Pm.
1 9	1 day,hrs.	
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc	non	
SAWYER, BODKKEEPER, atc		Verde enlastes fly
work was dona, as SILK MILL, SAW MILL, BANK, etc.		
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last workad at this occupation (month and year)	11. Total tima (yaars) spent in this occupation	
PL	Housetal	Othar Contributary Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	y md.	Connelsons July
13. NAME / Man	D. First	ļ
13. NAME / LLA 14. BIRTHPLACE (city or town)	tuittand	Name of operation Date of
(State of country)	ma.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Jane March	ath wes due to external causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	lity 1	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	I ma.	Whara did injury occur?
17. INFORMANT (Addrass) (7 0 - # 1, 7	ality med	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1.0 8	Mannar of injury
Place de la company de la comp	1. Date 114. 0, 1933	Natura of injury
19. UNDERTAKER And Control (Address)	graf.	24. Was disaase or injury in any way related to occupation of dacaasad?
20. FILED July 8, 1931	V. May June Registrar.	(Signad) My (Address) Suladiana
If m	ore blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BHREAUTY. Kt.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nyphrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:	1 = 34	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioscierosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 8 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 08078
1. PLACE OF DEATH	942
County Nilomes	Registration Dist. No. 333
Village or City Saluty Ma.	No. 11.10-#4 St., 8 Ward
	death occurred in a horpital or institution, vive its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Ernest P. Bord	- If U.S. Veteran specify WAR
(a) Residence: No N-7-10 # 4	St., 8 Ward Salutry M4.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. OLOR REPACE S. SINGLE, MARRIED, WIDOWED, OF SEX	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If married, widowed, and divorted HUSBAND of	
(or) Here of Metala & Bordy.	1 HEREBY CERTIFY. That I attended deceased from
May 25 /1872	yaşt saw hamalive on
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Month's Deys If LESS than	to have occurred on the date stated above, at 2 9 Pm.
63 / 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(Day dist 1 20 5 6 1 1 1 2 2 6
	60 de co - 8 Co - Co
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date consequence of the consequence of	Bush to the
D. Date declared last worked et this go from month and 35 per in this years were the second second last worked et this go from the second last worked et this go from the second last worked et the seco	
1 1770.44	Dther Coutributory Causes of importance:
12. BIRTHPLACE (cit or town) (State or country)	
13. NAME John J. Bogday	
14. BIRTHPLACE (city or town) lease- fall-	Name of operation Date of
(State or country) md.	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME farra a farrons	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME felica a factoria 16. BIRTHPLACE (city or town) was fully fully for the factorial factorial for the factorial factorial for the factorial factorial factorial factorial for the factorial fact	Accident, suicide, or homicide? Date of injury, 19
State or country) md.	Where did injury occur?
17. INFORMAN Ms. Rileca yorly	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL OREMALIONS OF REMOVAL	Name of taken
Place M. Olive Churchaten. galy 18 1835	Manner of injury
Holloware Co. 1	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Saluty md	if so, specify
20. FILED July 18, 19 33 - G. May June	(Signed Secretary M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage ANG 6 1953 RUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Example IV ED		Example II	*
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Chronic interstitial nephritis REAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		*	3 . 3
			1
Other contributory causes of importance:		Other contributory causes of importance:	7
Gallstones	May 1,1923	Gastroenteritis	1 year

M

pluods

S. No. 1

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 0, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08031
1. PLACE OF DEATH	95-10
County fleegamila	Registration Dist. No. 333
Village or City Paratneburg and	NoSt., 3 Ward
Length of residence in city or lown where death occurred 3 12 year mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?mosds.
2. FULL NAME John We Jahnson	,
100 10 10	04 Wa-J
(a) Residence: No. (Usual place of pode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Mall A. A. A	21. DATE OF DEATH 28 (Month) (Month) (Poar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tydia Johnson	22. LOCE 10 ,1934, 10 July 25, 1935
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on alive on 1937; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date states above, at
ormin.	were as follows:
Z Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Cardo Renal 1934
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. t. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the property of the p	herman
10. Date deceased last worked at Sunt this occupation (month and year)	
P. D.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	A 12 - 5-01
	William Jelly Lis 732
E / D	March College March
(Stata or country)	Name of operation
15. MAIDEN NAME ROMA Chathler	What tast confirmed diagnosis?
	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) - Passonally (State or country)	Where did injury occur?
17. INFORMANTIMAN Lydia Johnson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL and	Manner of injury
Place Family learn Date July 36, 1934	Nature of injury.
19. UNDERTAKER Jos of Salewart	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED July 30, 1933 . Dray Junes	(Signed States & Brown M. D.
Registrar.	(Address) Level Friday Could 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i de	Example II	
The principal cause of death are related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4			

V. S. No. 1 N. B.—

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Vicomics	Registration Dist. No. 333
$\rho \sim \rho$	(L) h
Village or City Salesburg	No. St. War
	osds. How long in U.S. if of foreign birth?yrsmosde
2. FULL NAME Magaie & Cohne	ow)
(a) Residence: Np. 2004 met. Oderma	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Remale White. OR DIVORCED (write the word)	July 6 , 1935
If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of A	22. I HEREBY CERTIFY, That I attended deceesed Iro
your c. yourson	195, 10 / 6 , 18
DATE OF BIRTH (month, day, and year) (Lucly 30, 1861	i last saw h_en_ alive on; deeth is sa
AGE Years Months Deys II LESS than	to heve occurred on the date steted above, at 2.10 P.m.
73 11 6 1 day,hrs	Here as follows: Or DEATH and releted causes of importance
8. Trade, profession, or particular	Date ol ons
kind of work done, es SPINNER, House Wile SAWYER, BOOKKEEPER, etc.	Nahle Mellilus 192.
9. Industry or business in which	Chance Walrely Hard Dang 11.11.
work was done, as SILK MILL, SAW MILL, BANK, etc	V./-de
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Dete deceased last worked at this occupation (month and spent in this	- The Constant
yeer) occupation	
2. BIRTHPLACE (city or town) Hear Salisbury	Other Contributory Causes of Importence:
(State or country) Thiermies Co. Mid.	
13. NAME Camera ME alinter	
The course	
14. BIRTHPLACE (city or town)	Neme of operation
- Contract	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME angeline Cordry	23. Il death was due to externel causes (VIDL ENCE) fill in also the loilowing:
16. BIRTHPLACE (city or town) Hear Jassel	Accident, suicide, or homicide? Dete of Injury, 19
(State or country) Delaware	Where did injury occur?
INFORMANT Clarence Po Johnson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salislacy Proute # 1	
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tarsons Com Date Geely 8, 1936	Neture of Injury
The HI YI of The and on	24. Was disease or injury in eny wey related to occupetion of deceased?
9. UNDERTAKER (Address)	
0 8 26-94 11 20 11	if so, specify Manne
O. FILED July 8, 1992 & May Jumes	(Signed) M.
Registrar.	(Address)

STATE OF MADVIAND CEDTIFICATE OF DEATH

051-2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AUG 6 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
1					
Other contributory c	auses of importance:	-2	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

N. B.

TION is very important. See instructions on back of certificate.

STATE OF MAR	RYLAND-	CERTIFICATE	OF DEATH	666.00
1. PLACE OF DEATH		(31)		08033
Countyleconics		()****	Registration Dist. No.	337
Village or City Weltingum and	(16	No.	tion, give its NAME instead of	St., Ward
Length of residence in city or lown where death occurred				
2. FULL NAME Carrie Jones				
(a) Residence: No.	um Ind	St., Ward.		
(Usfalplace PERSONAL AND STATISTICAL PART	e of abode)	MEDICAL C	If nonresident give city of ERTIFICATE OF DI	
	RRIED, WIDOWED,	21. DATE OF DEATH	4 -	
OR DIVORC	ED (write the word)	July	27	, 193
La If married, widowed or divorced	uld.	ton 1	(Month) (Dey)	(Year)
As. If married, widowed, or divorced HUSBAND of (or) WIFE of		21 MIHEREBY	/ / /	attended descased from
(or) WIFE of John H James		(1)	192 Sto.	1-2-1000
6. DATE OF BIRTH (month, day, and yeer)	1880	I last saw h alive on	angy !	, 19 ; deeth is seld
7. AGE Years Months Days	If LESS than 1 day,hrs.	to have occurred on the date stete The PRINCIPAL CAUSE OF DEAT		tanca
7/11/9	ormin.	were es follows:	1	SIVE Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER,		Cardinala	1 1 2 2 2 1 1 2 2 2 1 2 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2	21 5000
SAWYER, BOOKKEEPER, etc		Cordiovascu	sease	3/13
work was done, as SILK MILL, Flamen	efe_	J. C.	3623.	
O this occupation (month end sp	time (years)			
yeer)	cupelion	Other Contributory Causes of impo	ortence:	- 211
12. BIRTHPLACE (city or town) And Hall		Dther Contributory Causes of impo	1ary 1=06	ma LHVS
(State or country)	-			
13. NAME / fabert yasley 14. BIRTHPLACE (city or town) Green Hail				
14. BIRTHPLACE (city or town) Greek Hall	۷	Neme of operation		Date of
(Siete of country)	4	What test confirmed diegnosis?		
15. MAIDEN NAME Herelatta suita	on	23. If deeth was due to external ceu		
16. BIRTHPLACE (city or town)	4	Accident, sulcide, or homicide?	Dete of inju	ury, 19
(State of Country)		Whare did injury occur? Specify whether Injury occurred in	(Specify city or town, cour	nty and State)
17. INFORMANT (Address)	an Gand	Specify whether injury occurred in	I INDUSTRY, IN HUME, OF IR.	PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of Injury		
Place Comercy Com Date Just	4 19 ,1935	Nature of injury		
19. UNDERTAKER I do Fisteria		24. Was disease or Injury in eny w	ay related to occupation of de	ceesed?A
(Address) Salishury 3	25	If so, specify	11	4
20. FILED why 34, 1935 TP. Worlfor	& Wallu	(Signed)	V Xuit	M. D.
	Registrar.	(Address)	A STATE OF	K.Y. T.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	cample I		Example II	
The principal cause of death and related causes of of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MIG 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	No a	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	Faly 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	11-14
Gallstones		Ман 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	540
County Nicopies	Registration Dist. No. 33/L
Village or City & esterville	NoSt.,Ward
4 1 0	If death occurred in a hospital or institution, give its NAME instead of street and number) isds. How fong in U.S. if of foreign birth?yrsyrsds.
2. FULL NAME Verdonia Lavaral	If U.S. Veteran specify WAR
O. F. 110 / 2.	d , St. Ward.
(a) Residence: ND. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) , 1935 (Year)
ia. If marfied, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from 19 35, to See 8 1936
6. DATE OF BIRTH (month, day, and year) Sept. 23, 1861	Chast saw h & alive on Jel (8 , 193 &; death is sail
. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
73 9 15 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	The sumot
work was done, as SILK MILL, AMA ASAMO	probably tengar wall
10. Date deceased last worked at this occupation (month and spent in this	Ma Kerry to ben ; no entopoge done
year) occupation occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Selstenaus	
(State or country)	
13. NAME Samuel C. Jaggarall	
14. BIRTHPLACE (city or town) Dorchester Cayenty (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Asserville Ind. (State or county)	Where did injury occur?
17. INFORMANT Howard Languall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Place 210 Talishonery ///1/3.19	Nature of Injury
19, UNDERTAKER MAND MESCHER YSTONS	24. Wes disease or injury in any way related to occupation of deceased?
(Addiess) elively may	if so, specify
20. FILED July 10., 1935 P. Houlford Wallie Registrar.	(Signed) M. (Address) Nankroke Ned

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUDEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OecupA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	115
1. PLACE OF DEATH	<u>\$2-0</u>	222
County / County	Registration Dist. No.	
Village or City Salushung M4.	No. St., death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of residence in city or town where death occurred	How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Dalle E. Jeona	id 11-1 a 1	
(a) Residence: No 1-1-10.#3 (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COTOR OF RACE 5. SINGLE MARRIED, WIDOWED, OR DIFFERED (Table the word)	21. DATE OF DEATH July 17 18	, 1935
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
(or) WIFE of Harry Teonard	22. I HEREBY CERTIFY That I attended	deceased from
6. DATE OF BIRTH (month, an, and year) Dec. 15 1865	1 last saw ber alive on I self 17 193V	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 175 am.	,
69 7 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	were as follows.	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Deretiel humbage	1270
9. Industry or business in which work was done, es SILK MILL,		1935
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked this occupation (month) and spant in this		
year) occupation occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Parenty Fung-		
(State or country) M. q.	Octano Selevinos	1934
13. NAME PLAN PAULING 14. BIRTHPLACE (city or town) Automy for the Control of th		/
14. BIRTHPLACE (city or town)	Name of operation Dete of	1
(State of Country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Mahala Tilleriffe 16. BIRTHPLACE (city or town) Pulleriffe (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
∑ (State or country)	Where did Injury occur?	
17. INFORMANT wine Jeggard. Mid	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Cure Com Date July 17, 1935	Nature of injury	
19. UNDERTAKER Holfman + 4.	24. Was disease or injury In any wey related to occupation of deceased?	
(Address) Salistry Jud	If so, specify	
20. FILED July 17, 19 B3 - & May Junels Registrar.	(Address) Sales Frenz Ma.	
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AIIC 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOI	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
--------------	-----------	-----------	------------	---------------	-----------

N. B.

should state

1. PLACE OF DEATH	CERTIFICATE OF DEATH 08036
County Maconico	Posistration Dist. No. 3.3.3
Village or City Salashay, In P. 710	Registration Dist. No
2. FULL NAME Thilles Hundling S	ds. How long in U. S. If of foreign birth?yrsmosds.
(a) Residence: No. Sagishurf, Ind R74	O St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. Limarried, widowed, or divorced	21. DATE OF DEATH (Mony) (Day) (Year)
HUSBAND of (or) WIFE of Saldie & Some	1 HEREBY CERTIFY That I attended deceased from 185, to 193
6. DATE OF BIRTH (month, day, and year) July 7 1844	1 last saw h alive on Jmc 2.6 1981; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 12:3 QAm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0-1-1-1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Julian and all of 31
SAW MILL, BANK, etc	
this occupation (month and spant in this year) crupation	
12. BIRTHPLACE (city or town) Delma (State or country)	Other Contributory Causes of Importance:
I	
14. BIRTHPLACE (city or town) LOCALIAN	Name of operation Date of
15. MAIDEN NAME Ila Hunle	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Stugges 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Lecture	Where did Injury Occur?-
17. INFORMANT Solde or Some (Address) Salvingur, Par	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Saleshing	Manner of injury
Place Carry Date 17-16-,1935	Nature of injury
19. UNDERTAKER Will & Manual (Addiess) Louine Leul	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 4, 1935 - In May Junes Registrat.	(Signed) Julian M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

2	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

0			F MAR	YLAND—		E OF DEATH	05054
	ACE OF DEA	- / .			92-0		3,22
Co	unty	Lucam	ceo		512 9	Registration Dist. No.	
Vi	lage or City	Sal	is bur	(If		Isabella Sinstitution, give its NAME instead of street	
Le	ngth of residence in	city or town whare d	laath occurred	6_yrs8mos	ds. How long in U.S	S. if of foreign birth?yrs	mosds.
2. FU	LL NAME	Sids	ney F.	Mad	Los		
(a) Residence: No.	207	(Usual place	sabella of abode)	St.,Ward.	If nonresident give city or tow	n and State
P	ERSONAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL	L CERTIFICATE OF DEAT	гн
3. SEX	ele 7	thite	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	July 8 (Month) (Day)	, 193_5 (Year)
HUS	ried, widowed, or dis	vorced			22. I HERE	BY CERTIFY, That I att	anded deceased from
(or)	WIFE of Je	nnie /	May Ja	noford	may	1937 10 9 2	1935
6. DATE	F BIRTH (month, d	av. and year)	Teles 3	6. 1854	I last saw h a aliva o	9 July 81 19	عران death is said
7. AGE	Years	Months	Deys	If LESS than	to have occurred on the data	stated above, at 1:00 A.m.	
	81	0	12	I day,hrs.	The PRINCIPAL CAUSE OF wera as follows:	DEATH and related causas of importance	Data of onset
8. 1	rade, profession, or kind of work done SAWYER, BOOKKI	particular , as SPINNER,	maral	0 +	The souls		and
NOT	SAWYER, BOOKKI dustry or business		// week	cant	17/	Haline Harr	
A CCUPA	work was done, as SAW MILL, BANK	SILK MILL,	frocery	Store	Chronic	7.	W.L.
S 1000	ate deceased last w	orked at onth and	11. Total t	ime (years) nt in this			
10	yaar)		OC41	upation	Other Contributory Causes of	f importance:	
	PLACE (city or town	1) 50	merset,	Cs:			
1	tata or country)		Maryl	and	over-and	erline with	18.
13. N	AME Colo	word	Ma	ddox	90-	greng	
4 14. B	RTHPLACE (city or	. 1/	<u></u>		Neme of operation	Dat	te of
_	(Stata or country)	Som	ersel C	o. Morylon	What test confirmed diagnosi	is? Was the	ra an autopsy?
当 15. M	AIDEN NAME	Lydia	MS	Mariel	23. If death was dua to extern	al causes (VIOLENCE) fill in also tha fo	llowing:
16. B	RTHPLACE (city or		~ Toco	moke	Accident, suicide, or homicid	le? Date of injury	
2	(State or country		marylo	nd.	Where did injury occur?	(Specify city or town, county a	nd State)
17. INFOR	MANT CLIG ddress) 207	Pene of	· Pma	ddox	Specify whether injury occur	red in INDUSTRY, In HOME, or in PUBL	IC PLACE.
	L, CREMATION, OR	REMOVAL	0	aug man,	Manner of injury		
PI	ace travels	Com New M	win Date Jul	y 10,1935	Natura of injury		
19. UNDE		Hill of	John	son CO,	24. Was disease or injury in	any way related to occupation of decease	ed? >\o
(/	ddress)	Salisy	my	grd.	If so, specify	A Some	~
20. FILED	July 9	19 9 5- 1	- My	Jurnes Registrar.	(Signed) (Address)	Boily	m.
	1	If more	blanks are needed,		2411 N. Charles Street, Baltimo	re, Requesting V. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH 08037

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG B 1935	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08038
1. PLACE OF DEATH	
County Miconnels	Registration Dist. No. 333
Village or City Salesbury Ma	No. St., St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
/ /-	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mande May, MA	Winds Weeran specify WAR
(a) Residence: No Clean at ARrag	St. 5 Ward Salishy Md.
(Ujual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DUORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
. If married, widowed, or divorced	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Harry H. Marrine	2. hills & was
DATE OF BIRTH (month, day, ord year) Feet 2 1879	I last kaw h alive on hill 1930 death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 . 2 m.
56 5 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	acuto faugurus afficialis and
SAWYER, BOOKKEEPER, atc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) spent in this	
10. Date deceased last worked at this occupation (month and 1933 11. Total time (years) spent in this occupation	
Christianhus	Other Contributory Causes of importanca;
z. BIRTHPLACE (city or town) (State or country)	promo promo
13. NAME Levro singetime	
14. BIRTHPLACE (city or town)	Name of operational desired Date of the Boll
(State or country)	What ten confirmed diagnosist Classical Was there an autopsy?
15. MAIDEN NAME Maggue Corpeany	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Maggie Corfessy 16. BIRTHPLACE (city or town) Inference (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Inda.	Where did Injury occur?
7. INFORMANT Harry H. Marrings, (Address) Heart at Road Salut	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8 SURIAL, ON MATION, ON TEMOVAL	Manner of injury
Data July 11., 1938	Nature of injury
9. UNDERTAKER Holly + C.	24. Was diseasa or injury In any way related to occupation of daceased?
(Address) Salisty med	If so, specify
20. FILED July /, 1933 J. May Junes	(Signed) M.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of of importance were as Arteriosclerosis	death and related causes ollows: CEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 6 1935	J 4y5,1927	Peritonitis	3 days ago	
	BURPAU V. S.				
Other contributory cau	ses of importance.		Other contributory causes of importance:	149 119	
Gallstones		May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis AUG 6 1935	1015	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Chronic interstitial nephritis BUREAU V. S.	Juy5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. P	LACE OF DEATH	(3)
	County Manue	Registration Dist. No. 33
,	Village or City Heleron (II	No. Mails and UNC , St., 15 V death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence in city or town where death occurred	ds. How long in U. S. If of foraign birth?yrsmos
2. F	ULL NAME Marion Menrod	Helson!
	(a) Residence: No. Thelian, B. f.	St., 15 Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)/ (Day) (Yaa
HU	parried, widowed, or divorced	22. 1 HEREBY CERTIFY, That I attended deceased
(01	r) WIFE of There (les Miles)	January 19.3 3 to July 19.
6. DATE	E OF BIRTH (month, day, and year) aug. 70, 1870,	i last saw h with aliva on Wolf 64 19 85; death i
7. AGE	Yaars / Months Days If LESS than	to have occurred on the date steted above, a 5-1, m.
	(a)	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
z 8.	Trade, profession, or particular	Date of
2	kind of work done, as SPINNER, XMMEL	alionic Mellinh
IPA	Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	Curvic Myorarditis
CCUPA		
0 >	Date deceased last worked at this occupation (month end) 11. Total time (years) spent in this year) occupation — 1.	
12 DID	THOU ACE (situate town) My	Other Cuntributory Causes of Importance:
	THPLACE (city or town)	
œ 13.	NAME TRAINING MELSON.	- Jan
13. 14.	BIRTHPLACE (city or town)	Name of operation
	(State or country) // Mylara	What test confirmed diegnosis? Wes there an autopsy?_
₩ 15.	MAIDEN NAME Sallie J. Herings	23. If death was due to external causes (VIOL ENCE) fill in eiso tha following:
-	BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19_
Σ	(State or country)	Where dld injury occur? (Specify city or town, county and State)
	ORMANT Sept Telega Melser, (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	HAL, CREMATION, OR REMOVAL 9/8/3	Manner of injury
	Plece July Date // 35 ,19	Nature of injury
	DERTAKER I A SHIPLE A STATE (Address) Alix May My	24. Was disease or injury in eny way related to occupation of dacaased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 5 1935	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED

V. S. No. 1 N. B.—

1. PLACE OF DEATH	AKTLAND-	CERTIFICATE OF DEATH 08091	
County Wigomico		Registration Dist. No. 333	
Village or CityAllen			
	3.6	death occurred in a hospital or institution, give its NAME instead of street and number)	
		sds. How long in U. S. if of foreign birth?yrsmosds	
2. FULL NAME Bertha Lee Pa	nyne		
(a) Residence: No. Allen, Me	al place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL P		MEDICAL CERTIFICATE OF DEATH	
OR DI	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH Allen, Md. July 8th. 193 5 (Month) (Day) (Year)	
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Burley Lee Payne	9	22 I HEREBY CERTIFY, That t attended deceased from March 249 1930, to See 8 1933	
DATE OF BIRTH (month, day, end year) April 2'	7th.1878.	I lest saw her alive on July (27 1994; deeth is sai	
. AGE Years Months Da		to have occurred on the date stated above, at 1 - 15Am.	
57 2 1:	1 01	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particuler kind of work done, as SPINNER, HOUSEN SAWYER, BOOKKEEPER, etc.	vife	Generalized allered Select Ex	
SAWYER, BOOKKEEPER, etc.			
		Ca Highertan	
work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at Feb this occupation (month and year).	Total time (yeers) spent in this Life occupation Life	and the same of th	
2. BIRTHPLACE (city or town) Winterville (State or country) Virginia		Other Contributory Causes of Importence:	
13. NAME Fitchett Godwin			
13. NAME Fitchett Godwin 14. BIRTHPLACE (city or town) Bloxom (State or country) Virgini	.a.	Name of operation Date of Date of What test confirmed diagnosis? Classes Was there an europs	
15. MAIDEN NAME Mary Davis		23. If death was due to externel ceuses (VIOL ENCE) fill in else the following:	
15. MAIDEN NAME Nary Davis 16. BIRTHPLACE (city or town) Horntown, (Stete or country) Virginia	Le	Accident, suicide, or homicide? Date of Injury, 19	
7. INFORMANT Burley Lee Payne (Address) Allen, Maryland,	•	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
Plagocomoke City Adate July 9th 19 35		Manner of injury	
9. UNDERTAKER PLYSION / Ste	veeson	24. Wes disease or injury In any way releted to occupetion of deceesed?	
O. FILED Isly 9, 1935 V. 71	ray Junes Registrar.	(Signed) (Address) Response Survey M. I	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 6 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
8UREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			L	

	ADDITIONAL SP	PACE FOR FU	RTHER STATEMEN	ITS BY F	HYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CERTIFIC	CATE	OF	DEATH
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1. PLACE OF DEATH	CERTIFICATE OF BEATH 08032
County_ Miconeio	Registration Dist. No. 332
Village or City Thanas	No St /O Word
	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary 6. Pos due	as,
(a) Residence: No.	St. D Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 77, 1935. (Month), (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Perfuse?	I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 40, 1850.	Vast saw h alive on 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date valed above, at 11.70 Am.
85 4 V 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A Thomas SAWYER, BOOKKEEPER, etc.	Dataofonest
SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (months and this programming months and the same programmin	Carace (Spagnatian / XX
Do ID. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) / // /	Other Contributary Caness of importance:
(State or country)	Sometel
13. NAME Sampson Packer	
13. NAME Sankson Packer 14. BIRTHPLACE (city or town) Many Cand	Name of operation Date of
15. MAIDEN NAME HAMMAR Paisons	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME HAMAL Paisons 16. BIRTHPLACE (city or town) HALLELLE (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mys. Sillie M. Thendrown (Address) & also a hours in the first out	(Specify city or lown, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place AMUS GENUE, Maid Date 7/73/35, 19	Manner of injury
The Will & All 101 C	
19. UNDERTAKER A CARRELLA CO. (Address)	24. Was disease or injury In any way related to occupation of deceased?
20, FILED ely. 23, 1935. Lillian Radavi	(Signed) Charles 77, Grown M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1			Example II		
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 6 1935	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. Mo. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08093
1. PLACE OF DEATH	[3]
County le Comica	Registration Dist. No. 333
Village or City Salishung Park	No. St., Ward death Accurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	14
2. FULL NAME Josephine Pitts	
(a) Residence: No. Salushing 200	St., Ward.
(a) Residence, No. (Daual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
famule a a manile ba. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of John Pills	22. I HEREBY CERTIFY. That I attended deceased from
	I tast say her Calive on 1935; death is said
6. DATE OF BIRTH (month, day, and year) 12 2 5 2 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
43 3 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mitral Regurgitation Yearas
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	andre Nephretes codema " "
	Other Centributory Causes of importants:
12. BIRTHPLACE (city or town) Annual Canal (State or country)	tt. b
	May please som
13. NAME Junell Mulliams 14. BIRTHPLACE (city or town). Fruitland	Name of operation Date of
(State or country)	What test confirmed diagnosis? Less oxaure. Was there an autopsy? No
15. MAIDEN NAME many ballin	23. If death was due to external couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) J. Balliman. (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Almand Gallins	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salehure and	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placefiellele le com Date July 13., 193)	Nature of injury
19. UNDERTAKER Jas A Stewart	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Salisbury of the	If so, specify
20. FILED July 13, 19 331 - & May humes	(Signed) M.O. (Address) M.O.
If more blanks are needed, address State Registrar	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of importance wer	se of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AUG 6 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial	11	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
)			
Other contributor	y causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP.	ACE FOR FURTHER	STATEMENTS	BY PHYSICIAN
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NT RECORD. Every item of infor- LY. PHYSICIANS should state. Exact statement of OCCUPA.	1. PLACE OF D County
FOR BINDING IS A PERMANENT REstated EXACTLY. I properly classified. Exa	5a. If married, widowed, or HUSBAND of (or)-WIFE of 6. DATE OF BIRTH (mont 7. AGE Years
TAKUIN KESEKVED FOK BINDING UNFADING INK—THIS IS A PERMANEN upplied. AGE should be stated EXACTI terms, so that it may be properly classified instructions on back of certificate.	8. Trade, profession, kind of work of SAWYER, BOO DE SAWYER, BOO OF SAW MILL, BA O DO D
WITH UNFAD fully supplied. plain terms, so it. See instruc	(State or country) 13. NAME 14. BIRTHPLACE (city (State or country) 15. MAIDEN NAME

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08034 STATE OF MARYLAND—CERTIFICATE OF DEATH EATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos 12ds. How long in U.S. If of foreign birth?_____yrs.____mos.___ds. Ward. (Usual place of abode) If nonresident give city or town and State AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) divorced h, day, end year) Months Deys If LESS than to have occurred on the date steted 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence or____min. , or particular done, es SPINNER, DKKEEPER, etc.... ess in which e, es SILK MILL, ANK, etc..... worked et (month and spent in this occupation. Other Contributary Causea of importance: Neme of operation_ What test confirmed diegnosis? 23. If death wes due to external causes (VIOLENCE) fill In elso the following: MOT Accident, suicide, or homicide?______ Dete of injury______ 19__ 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT .. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury_ 24. Was disease or injury in eny way related to occupation of deceased? If so, specify

B ż Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH (1803)
County Wilcomiles	Registration Dist. No. 333
Village or City Salishing Md.	No. 3/2 Marylandase, St., 13 Wa
Length of residence in city or town where death occurred 25 yrs	f death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. of foreign birth?yrsmos
2. FULL NAME Beorgia M. , Ku	ddishs. Veteran species WAY
(a) Residence: No. 3/2 / Mayland. as	CSt., /3 Ward Sales If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEN 4. COLOR OD RACE S. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) June 5-1872	I last saw har alive on July 30 4 1935; death is se
AGE Years Months Days If LESS than	to have occurred on the date stated above, et 1258 mt.
63 / 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
B. Trade, profession, or particular kind of work done, as SPINNER, refixed SAWYER, BOOKKEEPER, etc.	Corcinora of Ralcoun 3 yro
	metastases to liver 3 ma
9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc. 10. Data secesed lest worked et 11. Total time (years) span in this	
spent in this 35 years are spent in this 35	Other Coatribatory Causes of Importance:
2. BIRTHPLACE (city or town) Man Salutury	Other Country Class of Importance.
(State of country)	
13. NAME The ladary	
13. NAME TOWN Red day 14. BIRTHPYACE (city or town) Red Sales or country) May 14. BIRTHPYACE (city or town) Red Sales or country)	Neme of operation Reserving of season Dete of few 19. What test confirmed diagnosis? Laboratory Was there an autopsy?
15. MAIDEN NAME Kallie statery	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Kallie statisty 16. BIRTHPLACE (city or town) War Salishry (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) md.	Where did Injury occur?(Specify city or town, county and State)
17. INFORMAN Me filonys dyfer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVE Frampate aug. 2- 1933	Manner of injury
Date Date Date Date Date Date Date Date	Nature of Injury
19. UNDERTAKER Attlemant 6. (Address) Salished mad	24. Was disease or injury in any way retated to occupation of deceased?
20. FILED Aug 2,933/ V. May Junes	(Signed) La Rademaha M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example I			Example II	
The principal cause of de of importance were as fol	ath and related c	auses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis			1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG 6	1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. S.	July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance				
Gallstones	s of importance:		May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
				Photo Control of the	

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County///Corry Co.	Registration Dist. No. 333
Village or City Salashay	No. 109. Berad. St. 5 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?
	us. How long in 0.5. It of foreign bifting
2. FULL NAME: Wall- PRILET	& cart Radford Va
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIROWED, OR DIVERCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a, If married, widowad, or diverced HUSBAND of	
(or) WIFE of Jena Perfects	22. I HEREBY CERFIFY. That I attended decassed from
6. DATE OF BIRTH (month, day, and year) San. 16-1891	I last saw hair alive on Tay 2 4, 195; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at The Alex
44 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Collector SAWYER, BOOKKEEPER, etc. 7. Industry or businass in which work was done, as SILK MILLY Cuche Burd SAW MILL, BANK, etc. 10. Date daceded last worked at 11. Total times years)	angin feetvers 1931
and work was done, as SILK MILTINER Coult Bank	46.4
SAW MILL, BANK, etc	
O 10. Date decembed last worked at this occupation (month and 3-35 penyllastics) this occupation (month and 3-35 penyllastics)	92
12. BIRTHPLACE (city or town) Cart Macyand, (State of country)	Other Contributory Causes of importance;
1 12 11 - 12 10 1 1	
E Podla	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME amie Placken	Whet test confirmed diagnosis? Was there an autopsy?
P. 1.— 1	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O I 16. BIRTHPLACE (city or town) (Stete or country)	Whare did injury occur?
17. INFORMANT MINETY E. Postule (Address of Rading Va.)	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, PREMATION OF REMOVAL	Mannar of injury
Casifice Madjord Ta. Date July, 25,1933	Nature of injury
19. UNDERTAKER Hollogray of G.	24. Was disease or injury in any way related to occupation of deceased?
0. 1 24 24 M 2	if so, specify ————————————————————————————————————
20. FILED Mily 1,1939 J. May Sumer Registrar.	(Signed) M. D. (Addrass) Sulislary Turk
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis AUC 8 1635	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Mean County Malage or City Dalashury Md No. How occurred in a hospital or institution, give in NAME instead of street and number) Length of residence in city or town where death occurred yers most. St. How long in U.S. If of forligh birth? Yers most. St. 2. FULL NAME (a) Residence: No. Mean State Malage of abode? PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Converted word? Sa. If married, widowed, or divorced (or) Wife of Or) DIGACK PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Converted word? Sa. If married, widowed, or divorced (or) Wife of Or) DIVORCED Converted word. 1 HERE BY CERTIFY. That I attended decased from the Alley stated above, M. 3.55. Hm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were a sfolious. Work word once as SLIK MILL, SAW MILL, BANK, etc. SAWYER, BOOKKEEPER, etc. J. Andustry or business in which worded at With the Converted Converted on the date stated above, M. 3.55. Hm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were a sfolious. SAWYER, BOOKKEEPER, etc. J. J. Andustry or business in which worded at With the Converted Conver	1. PLACE OF DEATH		[6]·d)	
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Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town and State. Length of fereign birth? Length of fereign birth	Village or City Salishur		No. Jew Gen Hospitaku 13	Ward
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(a) Residence: No. Hestoria (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (cr) Wife of 5b. If married, widowed, or divorced HUSBAND of (cr) Wife of 5c. DATE OF BIRTH (month, day, end year) 7. AGE Years Months, Deys If LESS than If day, hts. Ward, MEDICAL CERTIFICATE OF DEATH 19. 30 11. Santh (month, day, end year) 19. 32 to July 19. 33 to July 19. 35 to	720	31	as. now long in 0.5. If of location and ityis.	
PERSONAL AND STATISTICAL PARTICULARS J. SEX A. COLOR OR RACE Black S. SINGLA MARIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBARD of (Or) WIFE o	20 1	very !	Sy Co man	1
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Black SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Se. If married, widowed, or divorced HUSBARD of (or) WIFE of 58. If married, widowed, or divorced HUSBARD of (or) WIFE of 59. If married, widowed, or divorced HUSBARD of (or) WIFE of 59. If married, widowed, or divorced HUSBARD of (or) WIFE of 59. If married, widowed, or divorced HUSBARD of (or) WIFE of 59. If married, widowed, or divorced HUSBARD of (or) WIFE of 59. If married, widowed, or divorced HUSBARD of (or) WIFE of 59. If married, widowed, or divorced HUSBARD of (or) WIFE of 59. JACK FOR TIPY, That I attended deceased from 19. 25. 10. July 19. 25. 10. 19. 28. death is said to have occurred on the date steted above, at. 25.24 fm. 19. 28. death is said to have codered at or divorced were as follows: Date of onest were as follows: Other Contributery Causes of Importance: Date of onest were as follows: Date of onest were as follows: Date of onest were as follows: Other Contributery Causes of Importance: Date of onest were as follows: Date of onest were a	(a) Residence. No.	ual place of abode	/_ /O Lig Truito.	
5a. If married, widowed, or divorced HUSBAND of (Or) WIFE				
58. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months, Deys If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which work weed done, as SINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which work weed done, as SINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which work weed done, as SINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which work weed done, as SINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which work weed done, as SINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which work weed done, as SINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which work weed done, as SINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which work weed done, as SINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which work weed done, as SINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which work weed done, as SINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which work done, as SINNER, SAWIER, BOOKKEPER, etc. 9. Industry or business in which were as follows: State or country) Neme of operation. What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oats of injury. 19. Where did injury occur? Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	3. SEX 4. COLOR OR RACE 5. SING	LE, MARRIED, WIDOWED,	21. DATE OF DEATH	
5a. If married, widowed, or divorced HUSBAND of (or) WiFe of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months, Deys If LESS than I day,	m Black ORD		193	
6. DATE OF BIRTH (month, day, end year) 7/10-35 1 Ilast saw hum slive on July 1, 19.35 death is said to have occurred on the date steted abova, at 3.55 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset 8. Trade, profession, or particular kind of work done, ess SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, ess SPINNER, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month end years) spant in this occupation (month end years) 12. BIRTHPLACE (city or town). Salesbury. Mad. (State or country) 13. NAME Poblat Poblat Name 14. BIRTHPLACE (city or town). Mitte Name Mal. (State or country) 15. MAIDEN NAME Organical State or country) 16. BIRTHPLACE (city or town). Muster. Particular Manuella (State or country) 17. INFORMANT. Poblat Poblat Poblation 1. Date of injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	5a. If married, widowed, or divorced			
1 I last saw h.m. alive on				ed from
7. AGE Years Months, Deys If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BARN, etc. 12. BIRTHPLACE (city or town) Salesbury Mark occupation (State or country) 14. BIRTHPLACE (city or town) Attate Harren Med (State or country) 15. MAIDEN NAME Secretary Colleges of Mark of the same of the state of the same of	7/45	735		la sald
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end years) spant in this occupation (State or country) 12. BIRTHPLACE (city or town). Saleshury. M.A. (State or country) 13. NAME John K. Palentara M.A. (State or country) 14. BIRTHPLACE (city or town). Abute Name of operation. 15. MAIDEN NAME Occupation (State or country) 16. BIRTHPLACE (city or town). Saleshury. Jan. 17. INFORMANT. Abute Abute Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	6. DATE OF BIKTH (month, day, end year)		12.71	1 12 2810
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(State or country) 13. NAME Paket Raheran		12 /	Other Contributory Causes of Importance:	
13. NAME / Cohert Rahiman 14. BIRTHPLACE (city or town) Abite Harm Med 15. MAIDEN NAME Scrap Ellen Furpin 16. BIRTHPLACE (city or town) Lister fa (State or country) 17. INFORMANT Specify city or town, county and State) 18. Name of operation operation whether the state of	20 1 1	1 ha		
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15. MAIDEN NAME Scrat Collect Gueper 16. BIRTHPLACE (city or town) Clease factoring (State or country) 17. INFORMANT Specify city or town, county and Stale) 18. MAIDEN NAME Scrat Collect Gueper 19. Maiden Name Scrat Collect Gueper 19. Maiden Name Scrat Collect Gueper 20. If death was due to axternal causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide? Oats of injury occur? (Specify city or town, county and Stale) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.	(State or country)	/	R -	, Zen
Accident, suicide, or homicide?	E 15. MAIDEN NAME SER CAR SIL	Gernin		
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17. INFORMANT Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	(State or country)			
	17 INFORMANT (Robert- Ros	misson.		
(Address) Westover Ma.	(Address) Westover	nd.		
18. BURIAL, PREMATION, OR GEMOVAL 10 C. A. 14 24 Manner of injury	82.010.11.010	Q. A. 11 2d	Manner of injury	
Place Place Nature of injury Nature of injury	Place / EU D / U.S. Date	xuey 10,1955	Nature of injury	
19. UNDERTAKER Hobert Hobertson beling 24. Was disease or Injury In any way ralated to occupation of deceased? 24.	19. UNDERTAKER Gobert Rober	sou actin	24. Was disease or Injury In any way related to occupation of deceased?	
(Address) Westover, Ind. It so, specify.	(Address) Westoven In	d.	If so, specify	
20. FILED Suly 16, 1935 - W. May Junes (Signed) (Steen M. O	20. FILED XULY 16, 1935 - 4.	nay June		M. O
Registrar. (Address)				

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ALIC B 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
	\$		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

STATE OF	MARYL	AND-CER	RTIFICATE	OF	DEATH
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1. PLACE OF DEATH	VIL OI	IVITALL	LAND	CERTIFICATE O	DEATH	
County Twice	mies			n v	Registration Dist. No.	332
0 /	isbury			No. Pen. Sen. J death occurred in a hospital or institution	lospital . st.	Ward md number)
Length of residence In city o	r town where death	occurred	yrsvmos.	. 14 ds. How long in U.S. if of fo	orelgn birth?yrs	mosds.
2. FULL NAME (a) Residence: No.	thel Y	Yal Wy (Usual place o	Roffe Mig f abode)	gt., Ward.	If nonresident give city or town	and State
PERSONAL AND	STATISTICA	L PARTIC	CULARS	MEDICAL CER	RTIFICATE OF DEATH	
Jenste Colore			(Zwrite the word)	21. DATE OF DEATH	(Month) (Day)	193
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		0			CERTIFY, That I attend	led deceased from
6. DATE OF BIRTH (month, day, an	TO NO.	. 14,	1934	Clast saw h. alive on	7 28 193	; death is said
0	Months	Days 14	If LESS than 1 day,hrs. ormin.	to heva occurred on the date stated a The PRINCIPAL CAUSE OF DEATH were as follows:		Date of onzet
8. Trade, profession, or partic kind of work done, as S SAWYER, BDDKKEEPER	SPINNER, , etc	V		Broneto	prema.	9424.3.
kind of work done, as SAWYER, BDDKKEEPER 9, Industry or business in wh work was done, as SILK SAW MILL, BANK, etc 10. Data deceased last workad	MILL,	I m waren				
10. Data deceased last worked this occupation (month year)	and	II. Total tir span occup	ne (years) t in this pation	Dther Coutributory Causes of Importa		
12. BIRTHPLACE (city or town) (State or country)	Salv	shury	mel	Enery Case of Importa	le à	July 12.33
13. NAME Carket 14. BIRTHPLACE (city or town)	& Royl	ury				
I4. BIRTHPLACE (city or town) (Stata or country)	somers	mary	land	Nama of operation		
	Helen 3	Lorsey		What test confirmed diagnosis? 23. If death was due to externel causes		
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	with	min	CN-	Accidant, suicide, or homicide?		0
2 (State or country) 17. INFDRMANT Dassel (Address)	y Rot	lung		Whera did injury occur? Specify whether injury occurrad in It	(Specify city or town, county and S NDUSTRY, In HDME, or In PUBLIC	State) PLACE,
18. BURIAL, CREMATIDING OF SEM	side i	ata and	1 1935	Manner of Injury		
19. UNDERTAKER CAMPA (Address)	Aul	und		24. Was diseasa or injury In any way If so, specify	related to occupation of decoased?.	700
20. FILED Jarry 29, 19	35- 6.	Tra	y Lune Registrar.	(Signed) (Address)	aluly my	M. D.
9	If more blank		Ideas Chata Davista	N. Cl. 1 . C D. 1		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	5	STATE C	OF MAR	YLAND-	CERTIFICATE C	F DEAT	H 0	8039
1.	. PLACE OF DEA	TH			(122-E)			4 4 4
	County Dic	muso			DA	Registration Dis	t. No	333
	Village or City	Elisten	~		No. 9. Hope	al	St.,_	13 War
	Length of residence in	city or town where	death occurred		f death occurred in a hospital or institutions. How long in U.S. if of the second sec			
•		A TOWN WHOLE)00 f/	1100				
2.	. FULL NAME	Alla	Wilson	- Just			· (<)(\)	
	(a) Residence: No.	Chano	(Usual place		St., Ward.	If nonresident give	city or town a	and State
edition (PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CE	RTIFICATE C	F DEATH	
3. S	SEX 4. COL	OR OR RACE		RIED, WIDOWED, D, (write the word)	21. DATE OF DEATH		7	-
h	uall n	hili	Sing	Le word)	Jul	(Month)	(Oay)	(Year)
5a.	If married, widowed, or di HUSBANO of	vorced	0		<u> </u>			
	(or) WIFE of				22. I HEREBY	235 to Ju	ly 1)	ed deceased II
6 F	DATE OF BIRTH (month, o	lav end year) M.	WAL 25, M	174	I last saw h alive on	uly 9)	, 193-	death is s
7. A		Months	Oays	If LESS than	to have occurred on the data stated	above, at 8 10	m.	
	' /	3	22	1 day,hrs	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes o	f importanca	Date of on:
NO	8. Trade, profession, or kind of work don	particular as SPINNER	7. 1.1		Inhugusaften			2 day
= 1	SAWYER, BOOKK 9 Industry or business	EEPER, etc	70,00		-			
UPA	work was done, a	SILK MILL.	we					
DOC	10. Data deceased last w	orked at	— 11. Total t	ime (years)				
	year)			upation	Other Contributory Causes of import	anea.		11
12.	BIRTHPLACE (city or town	1) Stali	nce, h	cl	Shrch			Judo
	(State or country)	1						
HER	13. NAME Wil	our Alis	ns					
FATH	14. BIRTHPLACE (city or				Name of operation		Data of	
02	(State or country)	Man	yland		What test confirmed diagnosis?	unem	Was there a	n autopsy?
뽀	15. MAIOEN NAME 4	ere for	us		23. If death was due to external cause			
MOT	16. BIRTHPLACE (city or (Stata or country		· · · · · · · · · · · · · · · · · · ·		Accident, suicide, or homicide?	Oats	a of injury	
	0	A.	Torces		Where did injury occur? Specify whether injury occurred in I	(Specify city or tow	n, county and S	State)
17.	(Address)	Bhayes	hed		Specify whethat injury occurred in i	NOUSTRT, III NOME	, or ill rublic	PLACE.
18.	BURIAL, CREMATION, OR	REMOVAL	, 0	1 100 0	Manner of Injury			
	Place Shar	rel 4 MM	Date Hill	4.1.193	Nature of injury			
19	UNOERTAKER JAZ	eda/.	Viels	211	24. Was diseasa or injury In any wey	related to occupatio	n of deceased?	w
13.	(Address) De	als I	Mand	md.	If so, specify		1	
20	FILED July 18	1935- 8	+ may	Jurne	(Signed)	men		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AJ 6 185	July 5, 1927	Peritonitis	3 days ago
BURRAN V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	rs by	PHYSICIAN
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1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 6 100	July 5, 1927	Peritonitis	3 days ago	
	BUNEAUVS				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
D FOR BINDING	IS IS A PERMANENT	e stated EXACTL	e properly classified.	f certificate.
MAKGIN KESEKVED FOR BINDING	UNFADING INK-THI	supplied. AGE should b	n terms, so that it may b	TYON is your important Soe instructions on hack of certificate.
	SITE PLAINLY, WITH	ion should be carefully	JSE OF DEATH in plair	N is rary important S.
. 1	M	ma	CA	7 Luk

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08100
1. PLACE OF DEATH	119
County Kiennica	Registration Dist. No. 333
Village or City P. G. Hashital Agentum med	No. St., 23. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
and articular additional to the following the control of the contr	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TO Truson William Sani	If U.S. Veteran specify WAR. 30
(a) Residence: No. Mr. Willards, Mrs. ()	Vorcester Coward John W. H. on birth
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word) White Single, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That Lattended idecaased from
6. DATE OF BIRTH (month, day, and year) Transaction 30	I last saw h alive on 2, 193, 1; death is said
6. DATE OF BIRTH (month, day, and year) Market 24 7935 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	were as follows: Oute of onest Oute of onest
9 Industry or business in which work was dona, as SILK MILL, SAW MILL BANK etc.	
10. Date decased last worked at this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town) Hear Healyille	Othar Contributary Causes of importance:
(State or country)	
13. NAME Corle Anith.	
14. BIRTHPLACE (city or town) It as Fillwille (State or country)	Name of operation Oeta of Was there an autopsy?
15. MAIOEN NAME Hoelen mitchell, 16. BIRTHPLACE (city or town) Willows.	What test confirmed diagnosis? Was there an autopsy? 23. If daath wes due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Willows	Accident, suicida, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Chealus Smith. (Address) We also will me.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fallows Lemeling Data July 2224 1935	Nature of injury
19. UNDERTAKER Vom Boured Wells. (Address) Charle made	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 22, 19 33 - V. May June Registrar.	(Signed) Korrier M. I
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.-WRITE

TION is

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1935 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage REPEA	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	(Mar. 19)
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	8192
1	. PLACE OF DEAT				59	221
	County Wicom	rico A			Registration Dist. No.	300
	Village or City	alista	ny		No. The Head of State of the St	2 Ward
	Length of residence in cit	y or town where dea	ath occurred			sds.
2	. FULL NAME AT	berta S	tanley		If U.S. Veteran specify WAR	
	(a) Residence: No	Sharp	town (Usual place		St., Ward. If nonresident give city or town and	State
	PERSONAL AN		CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX Female 4. color	_	S. SINGLE, MAR OR DIVERCE	RRIED, WIDOWED.	21. DATE OF DEATH (Month) (Day)	, 193. 5 (Year)
5a.	If married, widowed, or divor HUSBAND of (or) WIFE of Samue	ol Stanl	еу		22. I HEREBY CERTIFY, That I attended 7-11 ,1935, to 7-23	deceased from
6.	DATE OF BIRTH (month, day	and year) Jul	y 6. I	889	Hast saw hary alive on 7 - 23 - 1935	; death is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
	46	0	17	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
NOI	8. Trade, profession, or pa kind of work done, a SAWYER, BOOKKEE	rticular as SPINNER, H PER, etc.	ousewi	fe	Recalibers melletes	Viles
OCCUPATION	9.1ndustry or business in work was done, as S SAW MILL, BANK, e	which ILK MILL, tc		3		7
000	10. Date deceased last wor this occupation (mor year)		Sp3	time (years) ent in this supation		-
12.	BIRTHPLACE (city or town).	Maryl	and		Other Contributory Causes of Importance:	1
~	(State or country)	Cook				7.
FATHER	13. NAME A 14. BIRTHPLACE (city or to (State or country)	Maryla	nd		Name of operation	
05			77.00		What test confirmed diagnosis! Was there an a	
MOTHER	16. BIRTHPLACE (city or to	ouise Wa	Maryla	nd	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Date of Injury	
		ence Coo			Where did Injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
10	(Address) NA: BURIAL, CREMATION, OR R	rdela, M	arylan	<u>a</u>	Mannar of injury	
10.	PlaceZ-1-On		Date Ton T. sr	25. TOS5	la Cl	
-		.Graveno			1.	6
19	HNDERTAKER	harptown			24. Was disease or injury in any way related to occupation of deceased?	<i>U</i>
20.	FILED July 23	933- 0	- ma	y Turner	(Signed) . My Much	M. D.
	11		1	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage All 6 1539	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE OF DEATH COUNTS Village or City July Length of reddence in city offers, before death described. J. St. Ward 2. FULL NAME (a) Residence: No. (Umaj blace of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SINCLE MARKED 4. CORDE OR MACE OR INVOICED wint the word OR DYCKEED wint the word on the data stated above, at N. D. 18 BANKEE, BOCKEETER, etc. 19 J. J. SAN WILL BANK at C. OR DYCKEED wint the word on the data stated above, at N. D. OR DYCKEED wint the word on the stated above, at N. D. 19 J. DROCKEETER, etc. OR DYCKEETER	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08193
Village or City Length of residence in city of way phys death of curred Length of residence in city of way phys death of curred Length of residence in city of way phys death of curred (a) Residence: No. Ward. 2. FULL NAME (a) Residence: No. (b) Ward. (c)		82-0
Village or City Length of residence in city of way phys death of curred Length of residence in city of way phys death of curred Length of residence in city of way phys death of curred (a) Residence: No. Ward. 2. FULL NAME (a) Residence: No. (b) Ward. (c)	County Helomiles	Registration Dist. No. 333
Langth of residence in city or flown phase death of curred	Village or City Frutten Md.	No. Jaliny Md. RD. #1. St., 16 Ward
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SK 4. CORO OR SACE OR DIVOKROB Course by wered OR DIVOKROB Course by were declared or DIVOKROB COURSE b		
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS J. SW.	2. FULL NAME COSTON , Jacan	IT V.S. Veteran specify WAR
PERSONAL AND STATISTICAL PARTICULARS 3. SK 4. CODR OR PACE OR DIVORCED Countrib thy devol OR DIVORCED Countrib thy devol 5. If married, widowed, or purious of the contribution of the		
3. SEX 4. COROR OR ACC 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Comine thy food of provided and provided in the food of comine thy food of the comine the fo	(Usual place of abode)	
Sa. It married, widowed, or professor HUSBAND HOSA Sa. It married, widowed, or professor HUSBAND How occurred on the data stated above, at 12, a 12, a 19,	PERSONAL AND STATISTICAL PARTICULARS	
## RESEARCH (month, day, and yearsalling. ## RESEARCH (month, day,	OR DIVORCED (write the word)	luly . / J. = 1935
8. DATE OF BIRTH (month, day, and year of the control of the contr	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESY than I day,	1. 21-180/g	
The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows:	6. DATE OF BIRTH (month, day, and year 1868	
B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. S. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPPER, etc. 10. Data deceased last Jorked 31 https://documents.com/particular/spinner/s	11 1100	to have occurred on the data stated above, at
S. Trada, profession, or particular S. Maid of work done, as S. S. P. S. MILL, S. M. M. M. S. M. MILL, S. M. M. M. S. M. MILL, S. M. M. M. M. S. M. M. M. M. S. M.		were as follows:
10. Data deceased last forked at this occidence of this occidence occide	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	I and dealing Bed
10. Data deceased last forked at this occidence of this occidence occide	3. Industry or business in which	0 0 1:41
10. Data deceded last forked at this occupation month into		(heha Venninge,
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or cognitry) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKED (Address) 19. UNDERTAKED (Address) 19. UNDERTAKED (Address) 10. INFORMANT (State or cognitry) 10. UNDERTAKED (Address) 11. ON The Common of	10. Data deceated last worked at this occupation month and _ / 4 2 11. Total time (years) spent in this	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKED (Address) 19. UNDERTAKED (Addres	1 new york alt.	Other Contributory Causes of importanca:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or cognity) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKED (Address) 20. FILED 10. The Command of the		Pit Del-
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or cognity) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKED (Address) 19. UNDERTAKED (Address) 20. FILED (State or cognity) What test confirmed diagnosis? Was there an autopsy? 23. J death was dua to external causes (VIOLENCE) fill In also the following: budght, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was diseasa or injury in any way felated to occupation of deceased? If so, specify (Signed) (Signed) (Address) M. D. (Address) M. D. (Address)		(Marine)
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or cognity) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKED (Address) 19. UNDERTAKED (Address) 20. FILED (State or cognity) What test confirmed diagnosis? Was there an autopsy? 23. J death was dua to external causes (VIOLENCE) fill In also the following: budght, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was diseasa or injury in any way felated to occupation of deceased? If so, specify (Signed) (Signed) (Address) M. D. (Address) M. D. (Address)	II 13. NAWIE CHARLES	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or cognity) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKED (Address) 19. UNDERTAKED (Address) 20. FILED (State or cognity) What test confirmed diagnosis? Was there an autopsy? 23. J death was dua to external causes (VIOLENCE) fill In also the following: budght, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was diseasa or injury in any way felated to occupation of deceased? If so, specify (Signed) (Signed) (Address) M. D. (Address) M. D. (Address)	14, BIRTHPLACE (city or town)	Name of operation Date of
17. INFORMANT Character At Control of the Control o	(State of country)	What test confirmed diagnosis? Was there an autopsy?
(Specify city or town, county and State) 17. INFORMANT County and State) 18. BURIAL, CREMATION, OR REMOVAL Transcelland Cyling County and State) 19. UNDERTAKED 19. UNDERTAKED 19. UNDERTAKED 19. UNDERTAKED 19. OF THE DELLY 19. OF THE DELL	15. MAIDEN NAME ILLE OF CONTRACTOR	
17. INFORMANT Character At Control of the Control o	O 16. BIRTHPLACE (city or town)	The state of the s
17. INFORMANT A Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Transcelland Afflored Letter of the Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKED 19. UNDERTAKE	Stata or coghtry)	(Specify city or town county and State)
19. UNDERTAKED 19. UN		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKED THE STATE OF INJURY TO ANY WAY TELEVISION OF DECEMBER 19. UNDERTAKED THE STATE OF INJURY TO ANY WAY TELEVISION OF DECEMBER 19. UNDERTAKED THE STATE OF INJURY TO ANY WAY TELEVISION OF DECEMBER 19. UNDERTAKED TO OCCUPATION OCCUPATI		Manner of injury
20. FILED Suly 10, 19 35 - W. May Justile (Address) Miller (Address) Miller (Address) Miller (Address) Miller (Address) Miller (Address) Miller (Address)	Transtland of Them blur of letter fely 16, 193	
20. FILED Suly 10, 19 35 - W. May Justiles Registrar. (Address) Much M. D.	10 HADDERTAKED HELLOWS LE.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Filly 16, 19 36. D. May Justier (Signed) M.D. Registrar. (Address) Much will M.D.		
	20. FILED July 16, 19 3/3 - D. May Junes	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Bate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis AUG 6 1505	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURFAU V. S	Jun 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods County_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residence in city or town where death occurred How long In U.S. if of foreign birth? (a) Residence: No. 10 (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX4 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH BINDING Se. If married, widowed, or divorced HUSBAND of TIFY. That I attended decaased from (or) WIFE of PERMA 1 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE If LESS than Months Deys 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8. Trada, profession, or perticular RESERVED OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which may work wes done, as SILK MILL. SAW MILL, BANK, etc ... on 10. Date decaased lest worked et 11. Total tima (years) this occupation (month end spent in this occupation instructions Other Contributory Causes of importance. RGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis?. OTHER important. 15. MAIDEN NAME LE death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Special whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnous OF CREMATION, OR REMOVAL Mannar of injury mation Nature of Injury 24. Wes disaasa or Injury in any way ralated to occupation of decaased? (Addiass) V. S. No. If so, spacify (Signad). 20. FILED ż Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1	1 1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitut nephrinis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	4 1 1 1
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

	of DEATH Wicomico City Salisbur		ORAT		4-0
				NoP • R • R • Tracks South death occurred in a hospital or institution, give its NAME; ds. How long in U. S. if of foreign birth?	instead of street and number)
	nce: No.Unknown		of abode)	St., Ward. Unknow:	n ve city or Iown and State
PERSO	NAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE	OF DEATH
3. Wale	4. COMPARTRACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH July (Month)	30 h
5e. II married, wido HUSBAND of (or) WIFE of	wed, or divorced Unknown			22. I HEREBY CERTIFY	
A DATE OF BURE	1/		1880	I lest saw h alive on	
7. AGE Ye	(month, day, end yeer)	Unknown	II LESS than	to heve occurred on the dete steted above, at	
bout 55			1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes were es Iollows:	
8. Trade, prof	ession, or particular work done, as SPINNER, R, BDDKKEEPER, etc	Unknown	n		
2 Industry or	business in which		7.		
Q L work w	es done, as SILK MILL, ILL, BANK, etc	Unknown			
SAW M 1D. Date decea this occ year)	sed last worked at upation (month end	11. Total tip spen occu	me (yeers) it in this pati nknown		
12. BIRTHPLACE (c		own	,	Dther Contributory Causes of importance:	
₩ 13. NAME	Unknown				
프	E (city or town)			Neme of operation	Date of
1 (21916.	or country) UNK	nown		What test confirmed diegnosis?	Wes there en autopsy?
	AME UNKNOW! CE (city or town) or country)	own		The PICK Light	te of impury 10 ,19 7
17. INFORMANT(Address) 18. BURIAL, CREMA	Police De	0.00		Specify interfer in ury occurred in UNDUSTRY, In HOME	wn, county and State V E, or in PUBLIC PLACE.
Place Pa		Salisbury	July 3	Meaner of injury	
19. UNDERTAKER (Address)	Holloway &			24. Was disease or jointy in eny way releted to occupate	on of deceased?

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- Gurting product		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Land of the state	

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods Every _ds. statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mannie (Month classified. CT 5a, 1f married, widowed, or divorced HUSBAND of 22. (or) WIFE of × M 6. DATE OF BIRTH (month, dey, and year) 100° properly 7. AGE Years Months Devs If LESS than to have occurred on the date stated above, at 1 dev.____hrs. or ____min. were as follows 8. Trade, profession, or perticular HOLL THIS kind of work dona, as SPINNER. Jo SAWYER, BOOKKEEPER, etc. pluods back may Industry or business in which OCCUPA work was done, es SILK MILL, SAW MILL, BANK, etc.... 11. Total time (years) uo 1D. Date deceased last worked at this occupation (month end spant in this that occupation ... instructions Other Contributory Couses of importance: 12. BIRTHPLACE (city or town (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? efully OTHER 15. MAIDEN NAME important. Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_. plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury WRITE 18 CAUSE mation TION Nature of injury 24. Wes disease or injury in any way 19. UNDERTAKER (Address) If so, specify

Registration Dist. No. death occurred in a hospital or institution give its NAME instead of street and number) How long in U.S. if of foreign birth?_____vrs. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH end related causes of importance Date of onset 23. If death wes due to externel causes (VIOLENCE) fill in elso the following: Dete of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Address)

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Chronic interstitial nephritis G 6 1935	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BIINEAU V. S.	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08107
1. PLACE OF DEATH	(K7)
County Nilomileo	Registration Dist. No. 332
Village or City Pittielle Md (outs	1 No. 180-# 2 St. 4 Ward
Length of residence in city or town where death occurred 36 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Ed + Name	If U.S. Veteran specify WAR
2. FULL NAME CALLING J. MANUELLE P. I. M. 11/2	PH-11 had
(a) Residence: No. 1 -7770 - 7770 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWEO, OR LYORCED (write the word)	21. DATE OF DEATH July 8. 1935— (Month) (Oay) (Year)
Se. If merried, widowed, or divorced HUSBANO of Orr WIFE of Marg and Jane Warren	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month pay, end year) Sept. 18-189	I Jast yaw h alive on 19 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date steted above, at 62m.
36 9 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Dester Ok Caused Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salver of business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Oste deceased last forked at this occupation groups and	ly gun shat 18:80
work was done, as SILK MILL, SAW MILL, BANK, etc.	Horf of sen tent
10. Oate deceard last forked at this occupation month and 13. Total time year season this occupation month and 15.35	on apple Course of the
year) Cocypation	Other Contributory Causes of Importance
12. BIRTHPLACE (city or fwn) state (State or country)	
13. NAME Edward H. Marren	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Julia C. Pausone 16. BIRTHPLACE (city or town) Pattenlle (State or colory)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
May Margaret from Wesser	Where did injury occur? (Specify city of town, county and State)
17. INFORMANY (Address) P. 4.19. # 12. Pitterelle Mr. 4.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18-BURIAL, CREMATION, OR REMOVAL	Manner of Injury Securstical common of
Velentel. Parene fambole july. 10, 1950	Nature of Injury Lex Class
19. UNDERTAKER Hollowy + Co. (Address)	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED wleg. 10, 1935 jellian N. Davi	(Signed) Carles 7 Ocor M. O. (Address) Seleston Tesp
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

00107

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Example: I so we consider a prove survey supplies and			Example II		
The principal cause of importance were as	death and related/causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AUG 8 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	<u> </u>	1921	Run over by street car	1 week ago	
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Other contributory ca	vigos of importance				
Other contributory ca	iuses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
	•				

1. PLACE OF DEATH County Wasconged Registration Dist. No. Village or City Salushung PS Howhardo. Registration Dist. No. St., 3 Registration Dist. No. St., 4 Registration Dist. No. St
County Wacongeo Registration Dist. No. Village or City Salushung PS How Mo. Alf death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. If U.S. Veteran specify WAR. (a) Residence: No. Registration Dist. No. St., Ward. Registration Dist. No. St., Ward. If U.S. Veteran specify WAR. (Usual place of abode) Il nonresident give city or town and State
Length of residence in city or town where death occurred
2. FULL NAME Thank a Warren If U.S. Veteran specify WAR. The St., Ward. St., Ward. Il nonresident give city or town and State
(a) Residence: No. R. A. D. # 2 St., Ward. St. Ward. Il nonresident give city or town and State
(Usual place of abode) Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED ("write this word) So. If married wildowed or divorced (Day) (Day) (Day)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 1935 to 7 - 29 1935
6. DATE OF BIRTH (month, day, and year) Sune 6 1765 last saw h. elive on 7 - 29 - 1935 ; death le
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at
70 1 dey,hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Careful rules & SAWYER, BOOKKEPER, etc.
SAWYER, BOOKKEPER, etc.
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et spent in this occupation (month and spent in this occupation).
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12. BIRTHPLACE (city or town) Other Contributory Causes of Importance: (State or country) AN AUA)
13. NAME 14. BIRTHPLACE (city or town) (State or country) Neme of operation Sultanguary What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 23, If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Date of injury of the second
Specify whether injury occurred in INOUSTRY in HOME, or In PUBLIC PLACE. (Address)
18. BURIAL CREMATION, OR REMOVAL
Place (QARRING Date 1844 31 , 19.35 Neture of Injury facuation lived, counted aloss
19. UNOERTAKER Agame & Hong 19. UNOERTAKER (Address) 24. Was disease or Injury in any way related to occupation of deceased? 240
20. FILED Luly 21,1935 - V. May Kirses (Signed) & ne 7, one
Registrar. (Address) . (Address) . (Address) . (If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

|--|

	59)
omics	Registration Dist. No. 332
Haville, ma	NoSt., Ward
Ma X	death occurred in a hospital or institution, give its NAME instead of street and number)
where deeth occurred / yrs. Qmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
wenne We	If U.S. Yeteran specify WAR.
thevelle	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
CE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 8 1934
ve wowed	(Month) (Dey) (Year)
1. Q W. Q.	22. I HEREBY CERTIFY That I ettended deceased from
4 1 20 1811	Hast saw has alive on 2001 6 1937 death is said
nths Deys If LESS than	to have occurred on the detectated above, et P. 3.0 Hm.
9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted couses of importence
) ormin.	were as follows:
ER, Housewit	Disketer Keellitus (1921)
P. PO	
la Long	
11. Total time (yeers) spant in this occupation	
ttsville 1	Other Contributory Causes of importance:
naryland	Heatelie Janguers Jon
e & Barsons	V) ised 7000 1/93V
Puttaville	Neme of peretion Date of
maryland	What test confirmed diegnosis? Wes there en eulopsy?
ude & Tennis	23. If death was due to external couses (VIOLENCE) fill in elso the following:
traville	Accident, suicide, or homicide? Date of injury, 19
maryland	Where did injury occur?
wells.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
by elling	
- Question as	Manner of Injury
neles Date Kelly (Olk, 1935	Nature of injury
alell product	24. Was disease or injury in eny wey releted to occupation of deceased?
Lillian R. Davi	(Signed) Carles of Brown M.D.
o-Cal Registrar.	(Address)— also fung lude
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 6 1903	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 1	STATE OF MARYLAND	CERTIFICATE OF DEATH
do l	1. PLACE OF DEATH	83
22	County Vilomile	Registration Dist. No. 14 3 36
0 J	Village or City Wilman	ND. 105 Cast Wa death occurred in a hospital or institution, give its NAME instead of street and number)
7	Length of residence in city or town where death occurred 34 yrs	
ng	2. FULL NAME Walter William WA	anland
ate le	(a) Residence: No. /05 East	St. 11 Ward Delman Manglane
sta	(Usual place of abode)	If nonresident give city or town and State
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (write the word)	21. DATE OF DEATH 2/ 1934'
5	a. If married, widowed, or divorced	(Morth) (Day) (Year)
	HUSBAND of Butha a. Whayland	22. I HEREBY CERTIFY, That I attended deceased from 1914 to 1912
6	DATE OF BIRTH (month, day, and year) 04. 12- 11882	I last saw h_2 alive on
6 7 -	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10 Am.
	52 \$3 9 9 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z	8. Trede, profession, or perticular kind of work done, as SPINNER, Relained Muchas SAWYER, BOOKKEEPER, etc.	1 Azlus of Chrom D 3200
E		T Phrisas
AGII	work was done, as SILK MILL,	By Jarosis is meant : General Jaralysia.
000	10. Date deceased lest worked at	of the insance curle.
_	this occupation (mont) and/932 spent in this 59	
١,	2. BIRTHPLACE (city or town) Rear Silogan	Other Contributory Causes of importance:
	(State or country) maryland	+11 011 911V
HFR	13. NAME Marion Mhayland -	1 remplety 12
FATH	14. BIRTHPLACE (city or town) Sulo down	Name of operation Dete of
-	(State of country)	What test confirmed diegnosis? Was there an autopsy?
HER	1 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOT		Accident, suicide, or homicide? Date of injury, 19
2	(State or country) marglagely	Where did injury occur?
1	7. INFORMANT She Bertha a. Of Mayland of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	(Address) 15 Cart, street delm	as pul
1	8. BURIAL CREMATION, OR REMOVAL MELSEE CENT Delenar Debite July 2 3 19 35	Manner of hjury
-	Mace am Delmar Klefge forly 25, 1933	Nature of Injury
1	9. UNDERTAKER ATTO THE ANTI-	24. Wes disease or injury in any wey related to occupation of deceased?
1	7 02 08/11. \$ 41 15	(Signed)
2	0. FILED - 1- 2 193 / A Howard & fordhorn Registrat.	(Address) Attanta Dal
to i	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.	- A 4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR'	THER STATEMENTS BY PHYSICIAN
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of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

13.6	4 4	1
08	11	i

1	County Wi	F DEATH comico Sandy Hil	·l·····Weta	wine Dlac	Registration Dist. No. 330
,	Village Of C	пу	death occurred	(If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds. If U.S. Veteran specify WAR.
_	(a) Residen	ce: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	Male	4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH July 23, 1935 (Month) (Day) (Yeer)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorcad			22. I HEREBY CERTIFY, That I attanded dacasasd from
e 1	DATE OF DIRTU	month, day, and year) D	ec I8.	1921	last saw h
-	AGE Yea	rs Months	Oays 5	If LESS than 1 day,hrs, ormin.	to have occurred on the data stated above, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset
OCCUPATION	9. Industry or work was SAW MIL 10. Oata decease this occur year)	business in which s dona, es SILK MILL, L, BANK, etced last worked et pation (month end	spa	Boy lime (yaars) nt in this upetion	Other Contributory Causes of importance:
(State or country)					
FATHER	14. BIRTHPLACE (Stata or	country)	yland	**************************************	Name of operation
15. MAIDEN NAME Elsie C. Jones Maryland			23. If death was due to extarnel causes (VIOLEACE) filVin elso the following: Accident, suicide, or homicide (VIOLEACE) Date of Injury (20, 19, 20, 19, 20, 19, 20, 19, 20, 19, 20, 19, 20, 20, 19, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20		
	BURIAL, CREMAT	TON, OR REMOVAL CORAGO		y 25 L93 5	Manner of Injury
-	UNOERTAKER (Address)	Sharptown 25, 135	or & Bron, Md. o Alan	matrong	24. Was disaese of tolury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

N. B.-

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Example I		Example II	
cause of death and related causes were as follows:	ate of onset	The principal cause of death and related causes of importance were as follows:	
40-1111		Attack of epilepsy	1 week ago
tial nephritis	1921	Run over by street car	1 week ago
hage 1939 J.	u. 5,1927	Peritonitis	3 days ago
RUREAU	الا		
utory causes of importance:		Other contributory causes of importance:	
N _i	May 1,1923	Gastroenteritis	1 year
The services of the services o	Iay 1,1923		

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH.	(23)
County Wichmico	Registration Dist. No. 333
Village or City Jalistan Md.	16.No. Dan streem St. 13 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?wrsmosds.
4. 71	
2. FULL NAMEdina Mendosia Wils	04 10 th/
(a) Residence: No. New Salishing, III	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Menned	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merriad, widowad, o divorsed	
(or) WIFE of KI Francis Welson	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que unt 10 1873	Hast saw her aliva on July 15 19.35 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2. A. m.
6/ // 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	I ulmoney tutucul osin
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased ast worked at this occupation of the part of the par	
10. Date deceased ast worked at 11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town)	Other Ceatributory Causes of Importance:
(State or country)	
14. BIRTHPLACE (city or town) Refer Proceedings	
4 14. BIRTHPLACE (city or town)	Name of oparation Dete of Dete of
	What test confirmed diegnosis? Was thera an autopsy?
Hear Perelliel	4.41 received the external ceuses (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of Injury, 19 Whare did injury occur?
//	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CLEASE (Address)	Specify whether injury occurred in Industry, in nome, or in rubelly PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Cogson Church Clerm, Data July / 1,1935	Nature of injury
10 Water Hollowan + Cot &	24. Was disease or injury in any way ralated to occupation of depeased? Ho
19. VINDERTAKER (Address) Salutes und	If so, specify
20. FILED Suly 1/10331 & May June	(Signed) Charles & Steenken M. D. (Address) Md. It Sandown
Registrar. If more blanks are needed, address State Registrar,	
aj more olanks are necaca, aggress state Registrar,	2411 IV. Charles Street, Dalimore, Requesting U. S. INO Salis Broy. All

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 8 1935	· ·		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4-54-53-53	

ä ż

1. PLACE OF DEATH	23
County Wicomist	Registration Dist. No. 58/
Village or City 1/Manuer	No. St., W (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurre 35 yrs	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Milishow W	~iiden
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
Tumale 406 OR DIVORCED (write the	(Month) (Day) (Yeer)
off married, widowed, or divorced HUSBAND of	
(or) WIFE of William of Wine	March 17 1935 to July 7 193
DATE OF BIRTH (MANAGEMENT)	880 i last sew her alive on July 7, 1935; deeth is
AGE Years Months Days If LES:	
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	nin. were as follows: Date of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The Tutorculoses of the times they
9 Industry or business in which	tte
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at 11. Total time (years)	
this occupation (in out if and) Spent til this #	11780
year)occupation _(G	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town)	40.4
(State or country)	- None
14. BIRTHPLACE (city or town) — ——————————————————————————————————	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(Stete or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME TEMPORE COLLEGE	23. if death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
INFORMANT WELLOWS ON WAS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
Place Guardico Ma Date July !!	Manner of injury
1 M. Dein 1. 1. 8	
O. UNDERTAKER (Address)	24. Was disease or injury in eny wey related to occupation of deceased?
	If so, specify A Brozense.
FILED July 10, 1935 Mis & M. W	(Signed):

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RE	WITH UNFADING I	mation should be carefully supplied. AGE	CAUSE OF DEATH in plain terms, so that
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING I.	mation should be car	CAUSE OF DEATH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	121
County le cursis	Registration Dist. No.
Village or City Salishing	Nd - 4. Hospital St., 13 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 1000	in the state of th
2. FULL NAME Many Wise	O. W. J.
(a) Residence: No. Postmolic City Uncl	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Colord Colo	21. DATE OF DEATH (Wonth) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22.
(or) WIFE of Charlie Mise	July 6 1935 to July 1 4 19 JI
6. DATE OF BIRTH (month, day, and year) Auchin 1912	Plast saw h alive on July 14 ,1935; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 7
23 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Syphord from dulin
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	-
Q work was done as SHK MILL	
SAW MILL, BANK, etc	
12, BIRTHPLACE (city or town) prosesse Condy	Other Coutributory Causes of importance:
(State or country) A Dregay level	-
13. NAME TO POSSO DE LES	
13. NAME 14. BIRTHPLACE (city or town) 14. State or country)	Name of operation Date of
College of country	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME OR COMMENT OF THE STATE OF T	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT 47. The second of the second o	Specify whether injury occurred in the ostar, in nome, or in robert react.
18 BURIAL CREMATION OR REMOVAL CO	Manner of Injury
Place Date leay / 6193.	Nature of Injury.
19. UNDERTAKER PRICE LES LIVEREN	24. Was disease or injury In any way related to occupation of deceased? 2
(Address) Porcova les testy 21	If so, specify
20. FILED July 14,1933. V. May Julie	(Signed) M. D.
Registrar.	(Address)
f 15 more viants are needed, address State Registral	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	ALL IS LESS	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	How	July 5, 1927	Peritonitis	3 days ago	
	BUDEAU V.				
Other contributory causes of	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Y, WITH UNFADING INK-THIS IS A PERMANENT REG D. Every item of inforcarefully supplied. AGE should be stated EXACTLY. PreSICIANS should state Exact statement of OCCUPAproperly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLA

V. S. No. 1 N. B.—

STATE (OF MARYLAND—	CERTIFICATE OF DEATH 08115
1. PLACE OF DEATH		119 227.
County Nicomico		Registration Dist. No. 332
Village or City near Fill	wille md. outs	Mono. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where	. "	
2. FULL NAME nova Lee	Water.	
(a) Residence: No. Mv.	theille mid	(and s i I award
(4) 110310011001 1103101101	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Lemale Wheite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. HEREBY CERTIFM, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	6 13 1935	Hant law hand aliva on July 25 1935 death is said
7. AGE Years Months	Days If LESS than	to bave occurred on the date stated above, at 133 Pm.
5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	none.	Chowlitis acute Date of one of
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at		
1D. Date deceasad last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) NEONS (State or country)	Attairle	Bther Contributory Causes of importance:
	ste -	
13. NAME CLEATER WATER 14. BIRTHPLACE (city or town) Near	Moder.	
14. BIRTHPLACE (city or town) Near	Jours X Koods	Name of operation
	Q 11 20 1	What test confirmed diagnosis? Was there an autopsy?
Ξ	Belle Bulson	23. If death was due to external causes (VIDLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Lax Juliantle	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Ans Daising (Address)	Wooding	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Usalle ma.	Manner of injury
Place Property	Date July 2 7th, 1935	Nature of injury
19. UNDERTAKER Im Roperal	Heles.	24. Was disease or injury in any way related to occupation of deceasad?
(Address) Silla	ille madi	If so, specify
20. FILED rely-25, 1935. Le	llian K. Dave.	(Signed) M.D. M.D. (Address) Malyww Del
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